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VOL. II. MAY, 1902.

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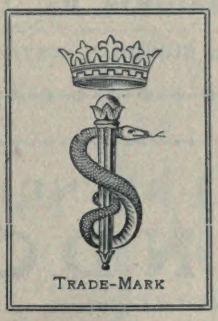

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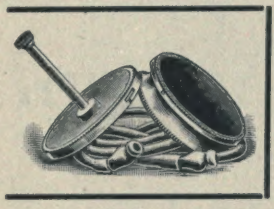

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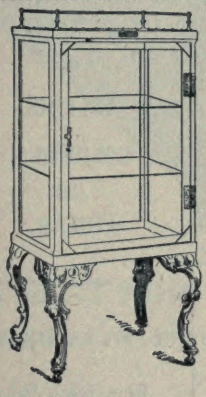

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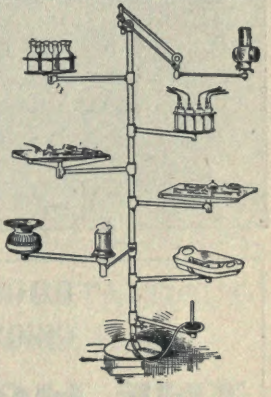

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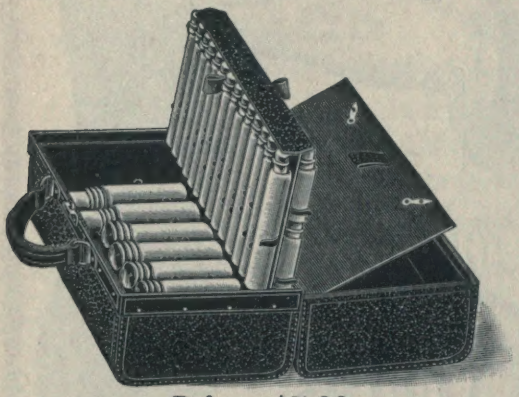

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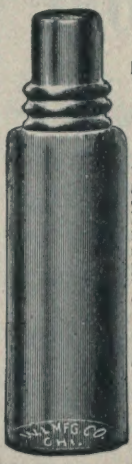

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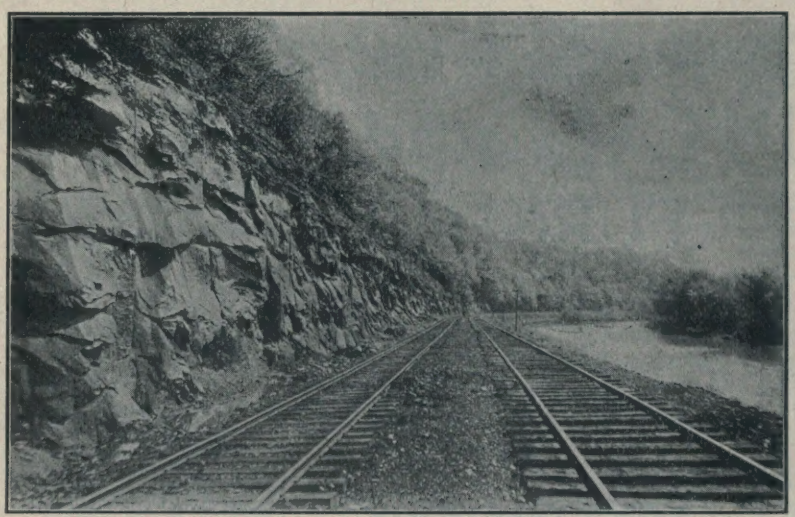

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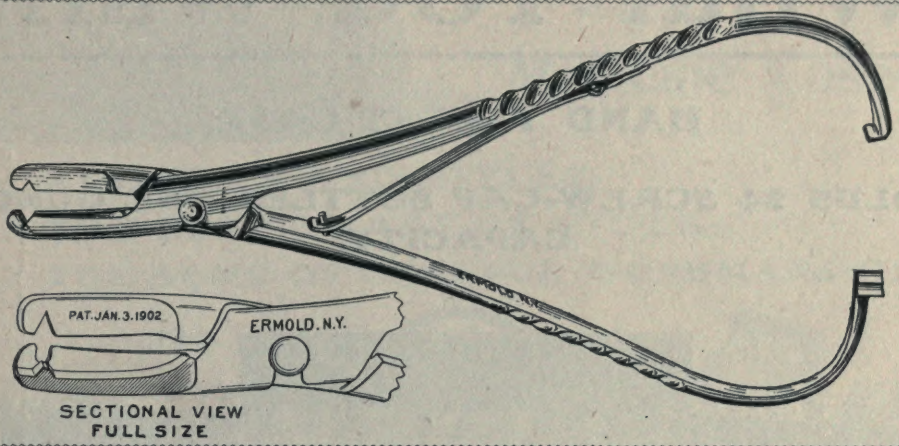

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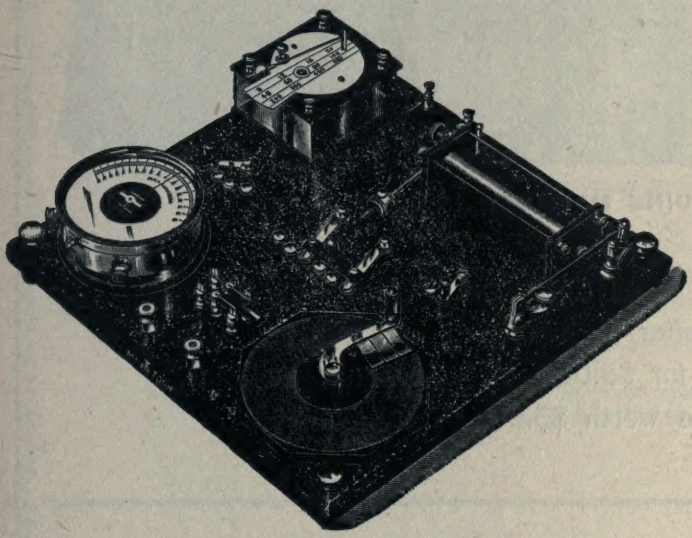

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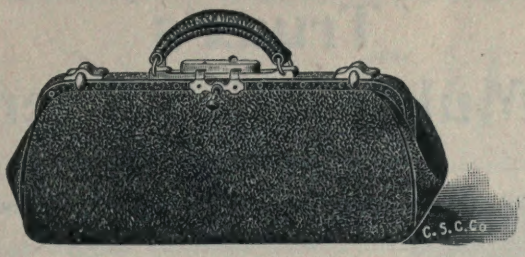

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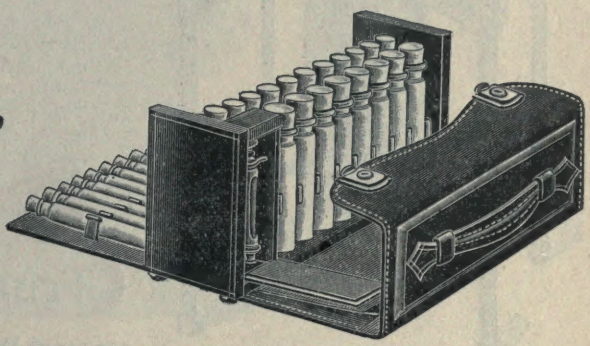

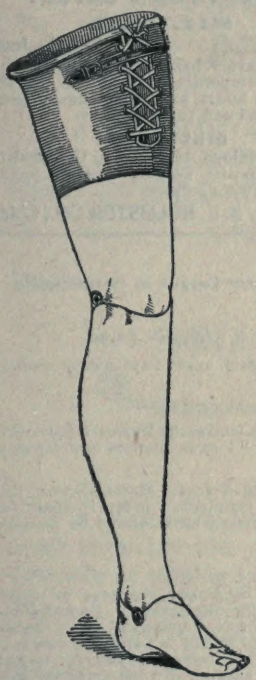

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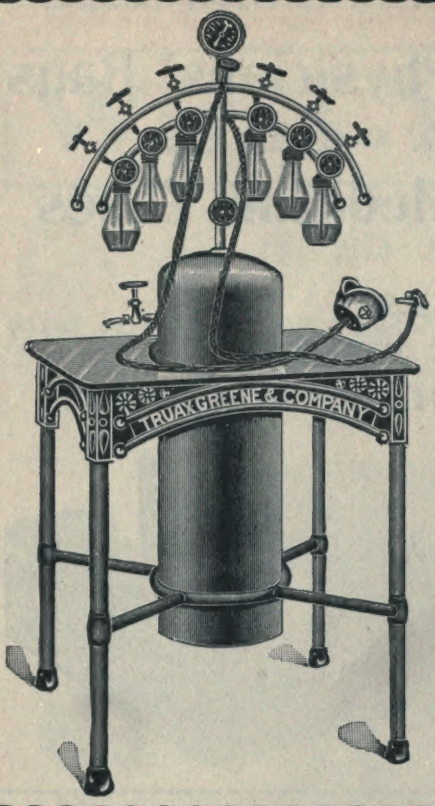

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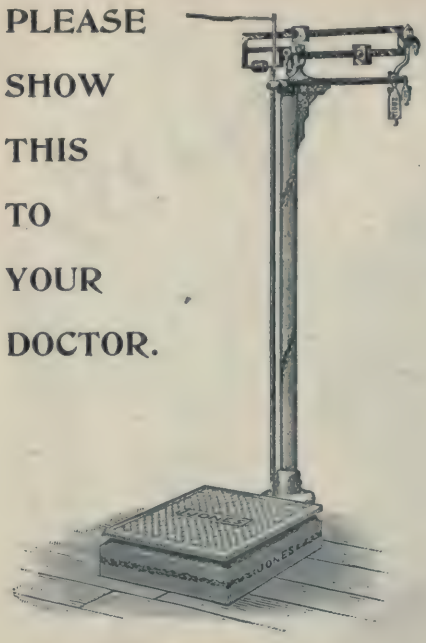

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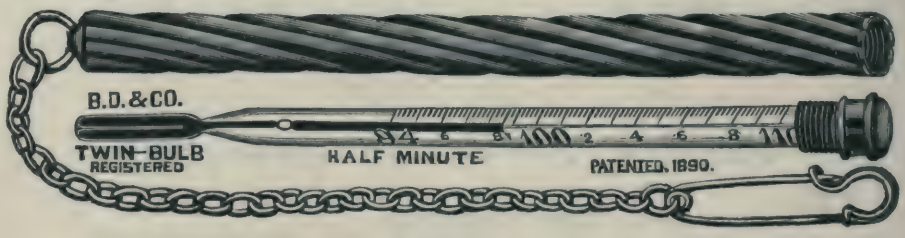

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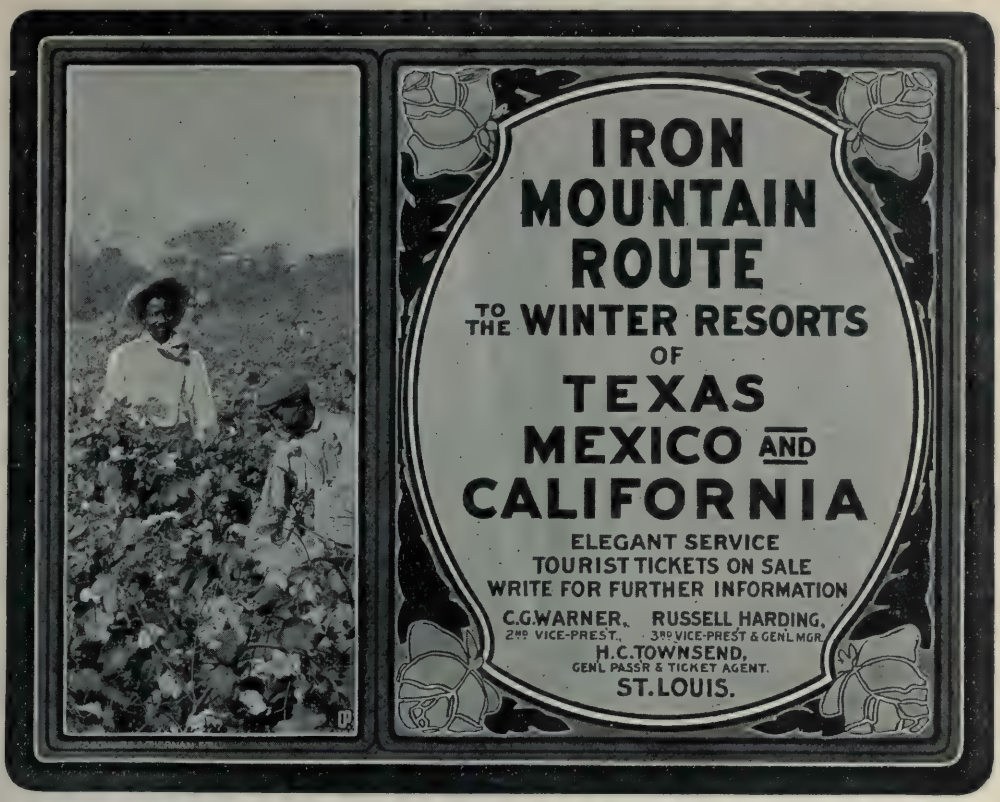

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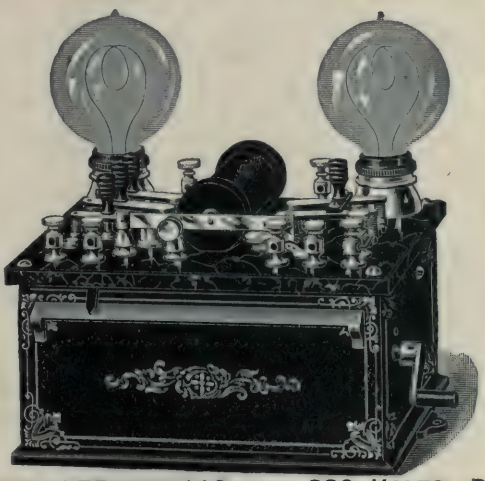

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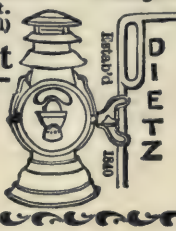

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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

INTESTINAL OBSTRUCTION.*

BY LOUIS J. HIRSCHMAN, M. D.

When first requested to prepare a paper on a surgical subject to be read before the Wayne County Medical Society, I determined to write one, which would be of interest not only to the surgeon, but particularly so to the general practitioner of medicine. I have, many times before, heard papers on special subjects started with a similar declaration, and then, without the slightest warning the author has plunged into a long-winded and extremely technical discussion of some intricate procedure of interest only to himself and those who practice his peculiar branch of the profession of medicine. However, that is not my intention to-night, in fact, quite the contrary. Such a paper would undoubtedly be of absorbing interest to an organization composed exclusively of specialists, but when a member of the Wayne County or any other Medical society is honored by being requested to address the organization or to read an essay before its members, he should always bear in mind the fact that he is addressing the general practitioner. The essayist is not asked to appear before a medical society for the purpose of reading long statistical tables, or of quoting voluminous opinions and theories of medical authors. Every toiler in any vocation, and particularly our profession, is continually adding to his store of knowledge, through the school of daily experience, and it is his duty to his brother practitioners to give them the benefit of any knowledge, however small, of which he may have become posessed.

This does not mean, however, that one must come here and burden the society with a lot of reports of surgical operations successfully performed by himself, gatherer together under the guise of a scientific treatise.

I believe that there are three purposes that the reading of a paper before a society of this kind can serve. First,—the presentation of some new discovery or observation of value to the profession; second,—the offering of an improvement on old methods and advances on old ideas

*Read before the Wayne County Medical Society April 3, 1902.

and theories; and lastly,—to present a paper for the purpose of provoking a healthy discussion of some subject of keen interest to the profession at large. With the last reason in mind, and leaving all reports of cases to the discussion of the paper (which is their legitimate place), we may take up the subject in hand.

I intend to bear particularly upon the condition known as intestinal obstruction as it comes in general practice, and before operative interference is instituted. For I believe that a proper conception and understanding of the importance of an accurate diagnosis at the *proper* time, is more essential than an intimate knowledge of the details of the operative measures devised for the relief of the obstructed bowel. It is upon the skill of the surgeon that we must depend for operative relief; but, before we can avail ourselves of his aid, we must have assured ourselves that we have a condition requiring surgical treatment.

It is the general practitioner, who in his capacity of family medical adviser, is first called upon to see the patient, and it is upon his diagnosis and prompt action, that the life of his patient depends. If there is one point that I would emphasize at this juncture, it is: that it is not so important to make a diagnosis, as it is to make an *early* diagnosis of obstruction of the bowel. With this fact always standing out clearly in our minds, we may proceed to a further discussion of the subject.

In the first place, let us define obstruction of the bowel, for it is essential that we have a clear understanding of what obstruction consists before we can intelligently discuss it. To my mind, it is best defined as follows: Intestinal obstruction is a condition in which there is a partial or complete interruption of the fecal current, caused by mechanical obstruction, loss of motor power, or pathological change of the intestinal canal. Obstruction caused by mechanical means or through loss of motor power is soon followed by pathological changes of a very decided nature. The intestinal canal may be occluded, either wholly or partially, by strangulation, intusseption, volvulus, tumors, strictures, foreign bodies, which have been swallowed, fecal concretions, gall-stones, masses of intestinal worms, etc.; as well as by pressure and adhesion from intra-peritoneal tumors, and from paralysis of the muscular coats of the bowel. One of the most common causes of obstruction is strangulation, and the most frequent condition favoring the occurence of strangulation is the existence of a hernia. All forms of intestinal hernia are liable to become strangulated, and the strangulation produce obstruction. A loop of bowel may be caught in an opening in the mesentery, peritoneum, or omentum; or it may become constricted by a band of organized lymph from a previous attack of peritonitis, or intra-abdominal operation. The appendix vermiformis or Meckel's Diverticulum may either themselves become strangulated, or may by encircling a part of the bowel become a factor in causing a constriction.

Intusseption or invagination is the condition in which one portion of the bowel becomes "telescoped" into another. This form of obstruction may occur in any portion of the large or small intestine, but most commonly is met with at the ileo-caecal juncture. It occurs in children in the vast majority of cases. Intusseption is almost always directed towards the anus, and is caused most commonly by irregular peristaltic action.

Volvulus is a twisting, knotting, or kinking of the bowel which has a short mesentery. The small intestine and the sigmoid flexure are the commoner seats of volvulus. The blood supply of the gut may become shut off in the twisted condition and gangrene result.

The tumors which are most likely to cause acute obstruction, are polyps, which may of their own bulk occlude the lumen of the bowel, or by dragging the bowel downward, cause an intusseption. Cancerous growths which in their development, cause chronic obstruction; finally, completely fill in the lumen and cause an acute obstruction following a chronic.

Stricture or narrowing of the lumen of the bowel, may be either cicatricial, from the healing of old ulcerations; or the development of intra-mural hematoceles, abscesses, or other inflammatory deposits.

Foreign bodies or substances, which have been swallowed, do occasionally cause obstruction. Forks, spoons, coins, masses of fruit or melon seeds, as well as large accumulations of insoluble drugs, such as salol, bismuth, magnesia, etc. Impacted fecal matter, gall-stones, and enteroliths which may form around gall-stones or other substances, are not infrequent obstructive agents. Gall-stones most often occlude at the narrowest portion of the small intestine, the ileo-cecal valve. Masses of round worms in children are also causes of acute intestinal obstruction.

Pressure from large fibroid uterine tumors, or large ovarian cysts, mesenteric enlargements, in fact any intra-peritoneal condition, which might cause great pressure upon the gut, would be likely to cause an obstruction.

Paralysis of either the large or the small bowel may be caused by trauma, by an attack of peritonitis or by embolism of one of the mesenteric arteries. It usually accompanies a strangulation. Any mechanical obstruction may, by causing over-distention of the bowel, cause a dynamic obstruction.

All intestinal obstructions are classed as acute or chronic, but it is not my intention to discuss chronic obstruction, inasmuch as there is very little difficulty for the physician as a general rule in recognizing the condition in plenty of time for the application of the proper means for its relief. In the acute form, however, upon the prompt recognition of the trouble depends the life and safety of the patient. For this reason I wish to dwell more particularly upon the clinical aspect of acute intestinal obstruction.

Perhaps the best way of bringing the symptoms of the acute form of obstruction to your notice is by picturing a typical case, as we meet it in every day practice.

We are called hurriedly to see a patient who, we are informed, is suffering from a severe attack of "cramps." Upon our arrival, we find our patient lying on the bed with tense, drawn face, wearing an anxious expression that is almost in itself, diagnostic. He has his knees drawn up with his thighs flexed on his body, holding a hot-water bag tightly against his abdomen; the very picture of abject misery. We find, upon careful inquiry that several hours before, he was suddenly taken with acute, cramping, colicky, pains, which he refers to the region of the umbilicus, or to one side or the other, in the iliac region. We may also elicit the fact that his bowels have not moved as they were accustomed to do, and that he feels that he would be greatly relieved if he could pass some gas. Physical examination reveals a tympanitic abdomen, not very tense as yet; very little if any tenderness; no muscular rigidity; no increase of pain on pressure; and (if obstruction is caused by a foreign body, impacted feces, or an intusseption) a tumor on palpation. The pulse is at first slow and full, but, as our patient becomes weakened, it increases in rapidity and loses in volume and strength. His temperature is either normal or very nearly so. His tongue is dry; he complains of thirst; small sips of cold water or pieces of ice refresh him for the moment. Soon after these colicky, paroxysmal attacks

of pain, he is attacked with repeated and violent vomiting spells. This vomiting is more persistent, the nearer the occlusion is to the stomach; but between the emetic periods he is not particularly nauseated. The vomitus at first consists of the normal contents of the stomach. This is soon followed by bile and then by the contents of the intestine itself, finally becoming fecal.

The nearer the obstruction is to the colon, the more fecal its odor, color, and other characteristics. When our patient has reached the stage, where he is vomiting fecal matter when we first see him, the diagnosis is already established, and there is but one course of treatment open in the vast majority of cases. That is to prepare him at once for abdominal section and operate to relieve the obstruction.

Before taking up the differential diagnosis between intestinal obstruction and the other conditions for which it might be mistaken, it might be well to discuss the four cardinal symptoms of intestinal obstruction: absolute constipation, vomiting, colicky pain, and tympanites.

The constipation is absolute from the start. If we suspect obstruction at all, a cathartic is the last thing that we should have in mind; for anything which increases peristalsis, aggravates the pain and distress of the patient and weakens the bowel above the obstruction. High enemata, colon flushing and irrigations may bring away some fecal matter from below the obstruction and thereby raise false hopes in the mind of the practitioner, of a relief of the trouble; but too often the symptoms are only aggravated instead of alleviated.

One of the most distressing features of this disease is the persistent and uncontrollable vomiting, which is one of its earliest symptoms. It occurs soon and at short intervals when the obstruction is near the stomach, and is usually delayed and more irregular, if the obstruction is near the ileo-cecal junction. Obstruction due to strangulation causes more violent and frequent emetic attacks than that caused by impacted feces or a foreign body. The vomiting attacks are sometimes so violent that the vomitus is not only expelled through the mouth, but also through the nose.

Pain, colicky or intermittent in character, is a constant symptom of ileus, and is caused by violent and irregular peristalsis. It is always more severe in obstruction of the small bowel, because the peristaltic action there is more active. The pain is usually referred to the umbilical region, regardless of the location of the obstruction. When the pain is located elsewhere, it points to the location, not of the obstruction, but of that portion of the bowel just above it. Between the paroxysms of pain, considerable relief is felt by the patient, which continues until the next attack sets in. Pressure does not increase the pain, in fact diffuse pressure somewhat relieves it.

Tympanites is a constant and annoying symptom, and is caused by a dilatation of the bowel above the obstruction. This dilatation is caused by the decomposition of the matter retained above the occluded area, and to some extent by a pathological hypertrophy of the muscular coats of the bowel. The lower the obstruction in the intestinal canal, the more marked the tympanites. This distention of the intestinal canal is distinguished from the presence of gas in the general peritoneal cavity by the location of liver dullness. In the condition under discussion, the liver dullness is displaced upward; while in peritonitis, it is impossible to elicit any dullness whatever.

In trying to distinguish between obstruction and peritonitis (either localized or diffused), we must remember that in peritonitis, we have decided tenderness upon palpation, and the abdominal pain is more constant and is not so distinctly

paroxysmal as in intestinal obstruction. In peritonitis, we also note that the bowels are soon paralyzed and we do not have the violent peristalsis of obstruction to contend with. The temperature also furnishes a clue to diagnosis, it being higher from the start and with a tendency to exacerbations in peritonitis; while in obstruction, it remains near to the normal point.

Appendicitis is easily distinguished as a rule. The higher, rising temperature, small, rapid pulse, localized pain and tenderness, rigidity of the right recti muscles, together with the previous history of the attack, renders a diagnosis not difficult. However, we sometimes meet cases in which obstruction is the result of or accompanies an attack of appendicitis or peritonitis, and a diagnosis is not so easily made. The treatment surgically is the same, however, and the absolute diagnosis can be deferred until after the abdomen is opened. There are a number of other pathological conditions which have been at first mistaken for the disease under discussion, such as gall-stones, floating kidney, renal calculus, ovarian and uterine tumors, lead colic, etc. A careful examination and inquiry into the case, however, will usually settle the question.

Having correctly diagnosed a case of intestinal obstruction, naturally the next question which enters our minds is, what shall we do for our patient? The one thing that we must not do, is to give a cathartic (for reasons outlined above). In the absence of any history of chronic constipation, gall-stones, previous abdominal operation, or of the swallowing of a foreign body we may suspect intussesption, or an obstruction from a dynamic cause. In that case the best thing to do, is to give a hypodermatic injection of 1-60 to 1-20 grain of atropine sulphate, and repeat the dose in two or three hours if necessary. Atropine has a quieting effect on the bowel, which is due to a paralysis of the nerve endings in the involuntary muscular tissue, and it also diminishes intestinal secretion, as well as more evenly distributing the pressure from the contained gas. Kreitner, Bofinger, Luettgen, Pritchard, Aronheim, Schulz, Adam, Moritz, and other German and Austrian authors report astonishing results from the hypodermatic use of atropine in the paralytic and spastic forms of obstruction. Batch, Bofinger, Grebel, and the British Medical Journal report absolute failures with the atropine method, Bofinger's two cases showing extensive gangrene, post mortem. He states that both patients might have been saved if laparotomy had been permitted. The toxic effect of large doses of atropine is a serious barrier to its extensive employment. I think that atropine should be given a thorough trial if the case is seen very early. Morphine should be given only after a diagnosis has been made and then, only where the pain and suffering is very intense. Morphine, as well as atropine, tends to mask the symptoms of the real trouble.

After the patient has had the atropine, we may in the meantime resort to high enemata of castor or olive oil, soap suds or hot saline solutions. I have never seen any of these measures of the slightest avail in a case of *genuine* obstruction, but give them for what they may be worth. If they do nothing else, they satisfy the patient and his friends that everything has been tried before operation is rendered necessary. Stomach washing has been advocated by some authorities, but I can not see the benefit derived, except possibly in clearing the stomach of bile or fecal matter, which may have been lodged there by anti-peristalsis. I believe that we should not, in any case, adopt any measure in the carrying out of which we use up valuable time, and thereby use up the patient's resisting power. I be-

lieve, moreover, that early operative interferance, in competent hands, is by far the most conservative treatment that we can pursue. Where we have the full confidence of our patient, and our word is law, immediate removal to a first-class hospital and operative relief of the obstruction (whose seriousness the patient should fully understand) should be our best and firmest advice.

When we observe the high mortality rate of this disease, and particularly after late operations, after the patient's resisting powers are away below par, we, as the guardians of humanity's health, owe it to our suffering fellow men, to relieve their suffering and restore their health by early diagnosis, prompt operative measures and careful after-care.

420 Woodward Ave.

Six Year Course at McGill.—McGill University has recently established a six-year-course in Applied Science and Medicine. Two years ago the corporation established a six-year-course in Arts and Medicine and now the same privilege has been extended to students in the Faculty of Applied Sciences. In the third year of Applied Science the students may attend lectures in the faculty of Medicine in anatomy, physics and histology; in the fourth year, in anatomy, physiology, histology, pharmacology, and medical chemistry. At the end of the fourth year the degree of B. Sc. will be conferred. The fifth and sixth years will be devoted to medical studies entirely, and at the end of the sixth year the degree of M. D., C. M., will be conferred.—(*Philadelphia Medical Journal.*)

Asthma Cigarettes.—

Belladonna leaves	22 grains
Henbane leaves	12 grains
Stramonium leaves	12 grains
Phellandrine	4 grains
Opium	1 grain

SOME REMARKS

About the Third Annual Conference of the Committee on National Legislation of the American Medical Association and Affiliated Societies.*

BY EMIL AMBERG, M. D.,
Delegate of the Michigan State Medical Society.

The third meeting of the conference on national legislation took place in Washington, D. C., on April 10th and 11th, under the efficient chairmanship of Dr. H. L. E. Johnson, of that city. A more important, instructive and at the same time pleasant meeting can scarcely be imagined. Besides the standing committee of three (Drs. Johnson, of Washington; Rodman, of Philadelphia, and Welch, of Baltimore) and the representatives of the Army Medical Corps, the Navy Medical Corps, the Marine Hospital Service and the Bureau of Animal Industry, delegates from the various state medical societies were also present. The conference passed resolutions on the death of Dr. Tuckerman, of Cleveland, whose memory will long be gratefully remembered by the conference and by the profession in general.

Several bills concerning the Army Medical Corps received careful consideration and endorsement, as did many other important measures pending.

A very thorough and lengthy discussion took place when the committee on Uniform Medical Legislation, on the basis of uniform education, brought in their report. Dr. Reynolds, of Kentucky, was, at the last moment, prevented from being present.

The various parts of the committee report were carefully considered. It was decided to advocate the appointment of a standing committee of three on Uniform Medical Legislation by the American Medical Association and to recommend the formation of a committee of

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*Written for the Detroit Medical Journal.

three on uniform medical legislation by the state medical societies.

The second part, advocating the formation of a Federal examining board, if the Constitution of the United States would permit it, had to be changed, because from information obtained from a reliable source by the writer it was shown that such a board would, in all probability, be unconstitutional. After much discussion, Dr. Rodman's idea of a voluntary National Examining Board, with the proviso that the power to grant licenses be left to the single states, territories and the District of Columbia, was regarded as comparatively simple and was endorsed. The whole report was referred to the House of Delegates of the American Medical Association.

The more thorough organization of the state medical societies and the growing influence of the American Medical Association were noted with satisfaction. The report of the representatives of the Army Medical Corps stated among other things that up to 1899 the annual number of deaths from small-pox in Porto Rico was 700, but since 1,000,000 people had been vaccinated in four months there had been only three deaths. Cuba was reported free from yellow fever.

Incidentally some very interesting remarks were made—the necessity of educating the public in hygienic matters was brought forward and also the idea that the municipalities should direct their attention toward abolishing the slums before constructing beautiful boulevards and costly public buildings. A venerable member of the conference, with fifty-two years of practice, stated with regret that in some parts of the South the sanitaria constructed by Nature had been destroyed, the forests being devastated and the timber going to the four corners of the world.

The delegate from Michigan spoke also of the commendable inspection of school children, of the proposed amendment to the medical practice act, of the realization of the growing influence of the American Medical Association, and regretted that Third Assistant Post Master General Madden could not deprive a greater number of medical publications of the second class privilege.

All the subjects, of which only a few have been mentioned in this short article, were presented clearly, the discussions were concise and to the point and the fact that only trained members of the profession were present—men who quickly grasped the ideas brought forward—made it possible that a great many subjects were treated with thoroughness.

It was inspiring to see this body of men, representing the medical profession of the country, discussing subjects and expressing opinions on measures which receive the consideration of the law-makers of the land; and it affords great satisfaction to notice that the unbiased opinion of an unselfish body met with due recognition.

270 Woodward Avenue.

Elephantiasis of the External Genitals.—The March *Lancet says*: Elephantiasis of the external genital organs not the result of its usual cause, the filaria sanguinis hominis, is certainly rare. It is obvious that it may follow any obstruction of the inguinal lymphatics, and that it does not more commonly follow the removal of the inguinal glands is probably to be attributed to the fact that all the glands are very rarely removed. The question of treatment is difficult. Some improvement follows the removal of much of the hypertrophied tissue, but in many cases as the lymphatic obstruction continues there is a great tendency to a reformation of the trouble. J. P. Zum Bush reports two cases in which elephantiasis of the sexual organs followed removal of the inguinal glands. While this must be a great rarity, it is certainly a matter of considerable importance and one which should be borne in mind.

TAKING HIS MEDICINE.*

BY C. E. BOYNTON, B. S., M. D.

When a patient calls at our office and takes away medicine or a prescription we can never be certain that our treatment will receive fair trial. Some years ago, when the writer was doing duty in the hospital he was consulted by a patient who showed signs of marked hepatic complications of a chronic type. Aqua regia was prescribed for him. The patient did not return, but after more than a year he called upon a friend of the writer who was a practitioner of wide experience and prominence. The same prescription was handed to the patient, who noted the similarity between it and that of the writer, remarking at the same time that he had never gone to the trouble to have Dr. Boynton's filled. "Well," said the senior M. D., "if you had been taking that medicine for the past year the chances are that you woud now be in comparative health. As it is, your prospects for recovery are very slim." In six months the patient was dead.

Probably not sixty per cent. of the drugs put up by druggists on physicians' prescriptions are taken. Most of the patients when they are able to be around skip the medicine a third of the time. When the doctor directly superintends the putting up of the medicine it is more likely to be taken. The fear that a druggist will make a mistake is more or less present in the mind of a layman. Tablets are more likely to be taken than liquids, provided that the patient has no prejudice against a "pill." This fact is of more direct application to the cases of patients who are at work. For this ambulatory class of patients I prescribe tablets in a small bottle, so that the patient can have them in his pocket at all times. It is also well, when it is a matter of indifference, to mention that a medicine may be taken before or after meals. The chances then are that it will not be omitted altogether.

When convinced that a patient is likely to neglect his medicine it is sometimes well to direct that it be taken every two or three hours, when three times a day might answer—care being taken to so regulate the dose that no ill effects will follow, even if directions are followed out to the letter. Patients sometimes do follow advice.

There are patients who would rather not get well at all than to be made a little uncomfortable in the process. Their everlasting fear that the medicine may poison them or inconvenience them a little sometimes handicaps a physician completely. These patients should be treated in a sanitarium or under the watchful care of a trained nurse. The art of fitting the treatment to the case so that the treatment will get a fair chance requires experience and a knowledge of human nature. A doctor may be ever so well educated, but if he lacks this knack he will be unsuccessful.

There is a positive, lucid way of explaining to a patient how to make use of a treatment and how to tolerate its discomforts that will inspire confidence that will last. A mistake is often made at the start when we strive to build up a patient's hopes, which may be in the dumps at the time. We may say too much. Possibly for two or three days the patient is better because of the stimulus our hopeful words have given him. Then, later on, down goes hope to zero and the patient forgets that he was better a little while ago. For a time he quits taking medicine, thinking that it is making him worse; and mentally the physician feels that the fool ought to suffer. But now is the time to skilfully tack; bring the patient out of the slough of despondency and turn defeat into victory.

Sometimes it pays to give a patient

*Written for the Detroit Medical Journal.

more attention than he actually needs, in order to keep him steadily taking our medicine; when a patient has his own way for a time he is very apt to give that fool judgment of his something to do. The patients with whom we make a failure are not apt to be those who are able to pay promptly, but those who are on the edge of the charity list. We cannot ignore them and yet it will not pay us to run after them. They get our medicine, take it carelessly and stop its use too soon. Then they go elsewhere, and because they have paid us $2 for the first treatment they give us a bad name generally.

It is often wise, with this class of patients, to tell them to call at the office free of charge and make a report on the progress of their case. They will call once, perhaps, and you will charge them nothing. Then you have a hold on their gratitude and they will call for you the next time instead of going to someone else.

Los Banos, Cal.

FACIAL ERYSIPELAS.*

BY C. E. BOYNTON, M. D.

There is so much to know in the practice of medicine that after a country doctor has been at it for 14 years as has the writer he is quite fastidious about his reading.

Much that is written about bacteriology, for example, may be true and worth knowing; yet just how to use Icthyol in erysipelas is more practical, useful and money-earning knowledge than the details of bacteriology—at least for the country M. D. Now, when I go to a case of eresipelas, I pack along a ℥ iv bottle of Icthyol, and I paint the patient up plenty, face and neck. If necessary I shave the head and paint that, too.

Then we sweat him with pilocarpine, stimulate him with strychnine, clean him out with saline laxative and calomel, saturate him with calcium sulphide, grs. ½ every hour, and give him ecchinacea plenty. If malaria lingers around he gets outside of x to xv grains of quinine per day and he gets well so quickly that the doctor is impressed with the fact that the more he may know the less he can make.

Los Banos, Cal.

*Written for the Detroit Medical Journal.

MALARIAL BILIOUSNESS.*

BY C. E. BOYNTON, M. D.

1. Where there is malaria and biliousness, there should Sodium Phosphate be used.

2. Buy your Sodium Phosphate by the 100 lbs. and deal it out in ℥ vi paper boxes.

3. The dose in these cases is, for the adult, ℥ j-ij t. i. d. or ℥ ij-iij before breakfast.

4. In cases like the above, grs. v-x Calomel starts active improvement at once.

5. Of course some antiperiodic—quinine, or better euquinine—should be used, but when we ply the Calomel and phosphates, less of this is required.

6. Wherever there is fever we find a distinct use of the Sulphocarbolates. Malarial fevers are no exception to the rule.

7. The typhoid state (not typhoid proper) will rarely result or continue if the sulphocarbolates are used.

8. Ecchinacea and Calcium Sulphide combat poisons after they have reached the blood and are therefore helpful in all fevers.

9. Where there is congestion Glonoin should first and frequently be given. Then Atropia.

10. When the skin is yellow and the bile flow disturbed, oxgall in some form should be given, to lubricate the bowel.

Los Banos, Cal.

*Written for the Detroit Medical Journal.

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

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RECIPROCITY AND UNIFORM MEDICAL LEGISLATION.

Never before in the history of medicine in the United States has the question of interstate reciprocity for the license to practice medicine, and that of uniform medical legislation, taken such a step in advance as at the present time. Although of comparatively ancient origin the movement in its present form dates back only a few years.

At present a large number of medical boards are not only actively interested in the movement but we learn that besides the National Confederation of state medical examining and licensing boards there exist two other bodies which are interested in the betterment of conditions—namely, the Confederation of the New England States Examining and Licensing Boards, and the Reciprocal Federation of State Medical, Examing and Licensing Boards.

The conference of the committee on National Legislation of the American Medical Association and affiliated societies, mention of which is made in the reading columns of this issue, only recently discussed this subject and referred it to the House of Delegates of the American Medical Association, recommending a voluntary national examining board, leaving the power of issuing licenses in the hands of the states and territories. A federal examining board is considered unconstitutional, owing to the policy of the federal government in not interfering with the states' conduct of their own medical provisions. When is is considered that many portions of this country are homogeneous as regards their population it seems reasonable to believe that there is not a great need for barriers between the political divisions as regards the regulation of requirements for the issuance of a license, but it is not probable that conditions will soon be such as to admit of having the general control of such matters in governmental hands.

Under present conditions and opportunities, every state may have a high standard of requirements for admission to practice, if she will, and it seems a pity that some general provisions, having federal sanction and backing, can not now be forthcoming. The medical profession of the United States has entered hopefully into the new century. Whatever the future may have in store as to the development of economical and commercial conditions, this much seems to be established—that in so far as medicine is concerned, be it from the standpoint of science or organization, the profession in the United States may witness and be participants in changes which will make a period memorable for all times to come. Science and organization stand more closely together than we may imagine *a priori*.

THE SOUTHERNER AND THE NEGRO.

In another portion of this issue of the JOURNAL appears a reprint from one of our exchanges. We in the north are accustomed to believe that the negro has his good points. Dr. Ferguson quite evidently disagrees with us, as even a cursory reading of his paper before the Macon society will show. But there are a few reasons for thinking that the doctor it a trifle mistaken in the extreme nature of his views. Perhaps he is one of the

many who do not realize how serious things look when they are down in cold black type and scattered broadcast over the country. His statements are surely not based upon a close observation of the negro race as a whole. It can scarcely be possible that every southern negro is the despicable creature he prints him.

One of the invectives against the negro, according to the doctor's article, is that no genuine case of sunstroke has ever yet been recorded against a member of the black race. Are we to take this as the standard of excellence? Does Dr. Ferguson want us to base our estimation of an individual's value to the community on his susceptibility to the effects of the sun? We have known personally cases of men who had suffered genuine cases of sunstroke—and their usefulness was not materially advanced thereby. Again, the negro's teeth do not decay before advanced years. Surely this is a serious state of affairs. Every Christian's teeth should be in an advanced stage of destruction before he is competent to play a valid part in the scheme of civilization. Nor does the negro drink to excess, except rarely. This is another serious count against him. Of course, the more a man drinks the better fitted he is to take his seat as one of the ruling class. He has no cerumen in his ears. Heavens! What are we coming to? Shall a waxless-eared individual be permitted to breathe the same air that we do, to black our boots—for a consideration—to drive our horses—on a salary—and to live at all? "Chops and tomato sauce," said the able pettifogger in the Pickwick trial, as a reason why the amiable club president should be mulcted of damages for not marrying the portly Widow Bardwell. "Who has ever heard of a negro man or woman fainting at any horrible sight, as white men often and white women invariably do?" asks this high-minded southern gentleman. Of course white women always faint at any horrible sight. The operating-room and the ampitheatre always resemble a bloodless shambles, while the surgeon picks his way over the unconscious bodies of the trained nurses and assistants.

The ideal man, reasoning from Dr. Ferguson's article, must be susceptible to sunstroke (the genuine article) must have decayed teeth at an early age, must drink to excess more than rarely, and he must not only have wax in his ears but must faint at any horrible sight he sees. The ideal physician! It is undoubtedly unfortunate that men like Dr. Ferguson still exists in the south. Fortunately they are few and yearly becoming fewer. We do not know Dr. Ferguson but we do know some negroes. Our ideas of the negro race are not taken from the pages of "Uncle Tom's Cabin." Presumably Dr. Ferguson is familiar with the negro characteristics, having a residence in the south. But he sees through a miasma of class prejudice and contempt for any man whose skin is darker than his own. A residence further north should be attempted by the doctor before he becomes further bigoted, if that is a possible thing.

THE RIGHT NOTE.

Editorially, the *Philadelphia Medical Journal* touches upon an abuse that is certainly assuring larger proportions. It says: "The medical profession owes it to itself and to the public, to take action against the custom on the part of some members of the profession of receiving commissions from instrument-makers, druggists and others to whom they may have occasion to refer patients. A truss manufacturer believes, as he states in a recent circular letter, that he has avoided further misunderstanding by offering to physicians a professional discount (so-called) of 25 per cent., which is to be forwarded to the physician referring the patient each month following the full payment of ac-

count. For the sake of those members of the profession who still have some sense of decorum in such matters, the amount may be deducted instead from the patient's bill. No criticism, we suppose, attaches to the instrument maker. He is in business, and as it is now an accepted tradition in the commercial world that anything to attract customers, not distinctly illegal, is allowable, he is quite within the ethics of his trade. The lamentable feature is that his circular reveals a benumbed ethical sense on the part of members of the medical profession that is derogatory to that body, and the fact that we know that such venal offenses have existed in the past is no consolation when we consider that this circular indicates that such conditions are wide-spread in the present."

EDITORIAL NOTES

Advance sheets from the Medico-Legal Journal show that unusual interest is being manifested in the approaching meeting of the American Congress of Tuberculosis, to be held at the Majestic hotel, New York City, on May 14, 15 and 16. Not only has governmental recognition been made of the importance of the congress, but representatives of foreign countries have signified their interest in the matter by consenting to become officers of the congress. His Excellency, the Earl of Minto, Governor General of the Dominion of Canada, was the presiding officer at a convention from all parts of Canada, the result of which was the formation of the Canadian Society for the Prevention of Consumption. He accepted the honorary presidency of the society, and now, with Dr. F. Montizambert, director of the Public Board of Health of the Dominion, is a vice-president in the American Congress. Other physicians from the South American republics, from Mexico and other territories have accepted honorary and active positions in the organization.

Gov. Bliss, of Michigan, has accepted an honorary vice-presidency and has expressed the greatest interest in the work to be done by the Congress. Cressy L. Wilber, M. D., of Lansing, Mich., is one of the vice-presidents-at-large, and Henry B. Baker, M. D., secretary of the State Board of Health, is a member of the executive committee. Every state is showing enthusiasm in a desire to assist the object of the Congress and we may expect some valuable results from the meeting this month.

The first report of the New York State Hospital for the Care of Crippled and Deformed Children, for the first ten months of its existence, has been received. The report shows that in the time specified twenty-four children were admitted to the hospital, which accommodates only 25 patients. Of these, 13 were suffering from hip disease, five with spinal disease, one with knee joint disease (white swelling), three with infantile paralysis, one with club foot and one with rachitic deformity of the spine. Thirteen of the children were boys and 11 were girls. Marked benefit was the rule in all the cases treated and the board of directors feels that the hospital has been thus far extremely successful. The hospital is especially intended for the treatment of deformed children whose parents are too poor to secure the proper care for them, and who are susceptible of cure. During convalescence the little patients are taught useful things, which in the future will be of benefit to them. Even in the short time the institution has been in existence, it has relieved much suffering and already the number of patients on the waiting list is very large. It is to be hoped that the institution will flourish. It deserves to.

"Clinic Week" at the Detroit College of Medicine opened pleasantly on the last day of April. Over 80 physicians were present and all sections of the country were well represented by them. President James E. Davis delivered an address in the morning and Dr. T. A. McGraw gave a talk on surgery at St. Mary's hospital. In the afternoon the speaker was Dr. F. W. Robbins and in the evening the physicians in attendance at the clinics were shown the hospitality of the Detroit Medical Society. On the first of May Dr. McGraw again lectured at St. Mary's, illustrating his words with an operation, and he was followed by Dr. C. G. Jennings. Dr. David Inglis, Dr. Eugene Smith, Dr. W. M. Harvey and Dr. D. M. Campbell gave lectures in the course of the day and Dr. C. B. Burr, superintendent of Oak Grove, Flint, made an address in the evening. As we go to press the clinic week is pleasantly inaugurated.

Dr. H. A. Cordier, chairman of the committee of arrangements for the twenty-eighth annual meeting of the Mississippi Valley Medical Association, has announced October 15, 16 and 17, 1902, as the dates for the next meeting, to be held at Kansas City, Mo. Dr. C. B. Parker, of Cleveland, Ohio, will deliver the address in Surgery and Dr. Hugh T. Patrick, of Chicago, that in Medicine. The society extends a cordial invitation to every physician in the United States and especially of the Mississippi Valley to attend this meeting. Titles of papers should be sent as early as possible to the Secretary, Dr. Henry Enos Tuley, 111 W. Kentucky St., Louisville, Ky. Dr. S. P. Collings, of Hot Springs, Ark., is president of the association.

Joseph J. Kinyoun, M. D., formerly the director of the hygienic laboratory in the Marine Hospital service, has accepted the directorship of the biological laboratories of the H. K. Mulford Company at Glenolden, Pa. Dr. Kinyoun has had a wide and varied experience in biological work, visiting the laboratories of Europe and Japan in the interests of the United States government. As a governmental representative he has had the assistance and instruction of Professors Koch, Pasteur, Behring and Roux in Berlin and he has alos spent considerable time at the Institute Pasteur in Paris. On several occasions he has been delegated as the special representative of the government to International Congresses.

At the annual meeting of the Detroit Medical Society, held in Elks' hall, Valpey building, on the evening of Wednesday, May 30, the following officers were elected: President, Dr. F. B. Tibbals; Vice-President, Dr. W. S. Anderson; Treasurer, Dr H. W. Yates; Secretary, Dr. L. J. Goux. Dr. Goux's election to the office of secretary starts him in his third term. After the meeting an informal reception was held.

King Edward VII and Tuberculosis.—King Edward has appointed a commission to investigate Professor Koch's tuberculosis theory. The scope of the inquiry is officially said to be whether animal and human tuberculosis are identical, whether animals and humans can be reciprocally infected, and under what conditions, if at all, transmission to man occurs, and the means of combating it. The commissioners are Sir Michael Foster, secretary of the Royal Society; Dr. Sims Woolhead, professor of pathology, Cambridge University; Dr. Harris Cox Martin, Prof. J. McFadyean and Prof. R. W. Boyce. The commission has been granted the fullest powers and facilities, and the members have been urged to make a prompt report.—(*Exchange.*)

Neuralgia.—

Aconite tincture.....	5 minims
Chloroform spirit.....	5 minims
Lard	20 grains

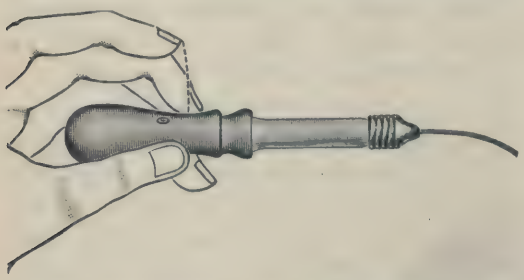
Mix and apply to seat of pain.

—(*Merck's Reports.*)

New Instruments & Devices

LACHRYMAL SYRINGE.

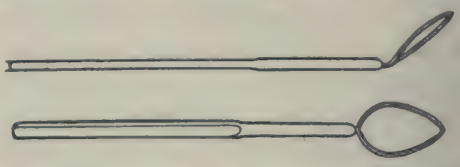
This device is recommended to oculists and general practitioners of medicine for its simplicity and convenience, combining the simple qualities of the familiar bulb syringe, while the objectionable features of the old style are done away



with. The air valve in the bulb prevents the mixing of air with the medicament employed and no liquid can enter the bulb to impair its quality. The device illustrated has received tests as a lachrymal syringe and also as an aspirator and it has been found to adequately meet the demands made upon it in use. The simplicity of the air valve is such that the syringe can readily be used by the patient himself. It has sufficient power to make its use as an aspirator possible and it can readily be sterilized by heat and alcohol. With an irido-platinum needle the syringe retails for $1.00.

A HANDY DEVICE.

It is difficult to know just what to call this device, since it is susceptible of use in so many different ways. As may be seen from the cut, it consists of an elliptical loop of wire, set at an angle with a stock. The shape of the loop conforms quite closely to that of the human eye and when the loop is placed over the lids it is an easy matter to turn the upper one back so as to admit of an easy inspection of foreign bodies. Or the device can readily be used as a tongue depressor, its simplicity making it easy to render it aseptic for all purposes. If desired, it may also be made use of as a dull curette. When two of them are used together, the loops being made to work one upon the other, the device becomes useful in clean-



ing out abcesses, boils, and so on, the narrow edges of the two loops coming together in such a manner as to effectually force out pus from the cavity. The device is well nickel-plated and is, without much doubt, a very handy thing for the practitioner to have on hand. Two of them together retail for $1.00, so they are not a very great expense.

FORMALDEHYDE GENERATOR.

When epidemics are abroad the question of disinfectants naturally arises and the average physician will be glad to have some simple and inexpensive means of securing disinfection. The device il-

lustrated herewith answers the requirements admirably, and at a low price. It consists of a seamless boiler, with no solder, and a dome above for containing

cotton saturated in the antiseptic which it is desired to vaporize. Heat is furnished by a safety alcohol lamp and the device delivers alkalol, benzanol, eucalyptol and other preparations in a warm medicated vapor five feet to a given point. A handle on the side provides for easy moving from place to place. The device is well adapted for the sublimation of calomel. The size of the article is 5 x 9 inches and it comes securely boxed. It retails for the sum of $1.50.

SELF-LUMINOUS OPTHALMOSCOPE.

This opthalmoscope has numerous advantages over similar instruments of the same class and for the same purpose. Its field is unusually wide and brilliant and the intensity of light is kept easily under the control of the operator. Owing to the excellent illumination facilities, the use of a mydriatic is necessary only when the pupil is contracted to an unusual degree. Owing to the absence of hinge or joint, the light is always in position and the instrument can be used when the patient is lying down or in any other position that the patient assumes. Its field is easy to locate and the instrument can be used very close to the patient's eye. It is claimed that the device is free from reflections or glare and that it is always ready for use. There are nineteen lenses in compact form and the battery in connection with the light is provided with a rheostat, so that in the presence of a current controller in the physician's office, a battery is unnecessary. The cut used herewith to illustrate the device is two-thirds actual size, and the instrument complete in a silk-lined morocco case, with battery retails for $15.00 net cash.

SURGICAL AND DENTAL ILLUMINATOR.

This device consists of a combined illuminator, tongue depressor and mirror holder, together with battery for supplying electrical energy for illuminating purposes. One of its chief claims to recognition is its small size and consequent portability. It is 4 x 4½ x 1½ inches, and can readily be carried in the physician's bag, furnishing him with a compact and convenient means of securing the illumination of the mouth, throat, nose, ear, etc. In the battery are three cells of four and one-half volts, the battery being guaranteed for one hundred days from the date stamped on it by the manufacturer. It can be renewed by the physician himself at a small expense. The hard rubber handle is detachable in the center and when it is taken apart all connections are broken, so that accidental exhaustion of the battery is obviated. The connection which produces the light is made when the small non-heating lamp is slipped into the socket provided for it. The tongue depressor is fitted with a mirror holder, adjustable and detachable from the handle. The entire apparatus is put up in a light case and retails complete to the physician for $3.00.

THERAPEUTIC BREVITIES

Icepack and Brand.—In a recent article Dr. Leslie Roos proposes to substitute the icepack for the Brand method in typhoid fever. The constant endeavor to discover some efficient substitute for tubbing that shall be free from the practical drawbacks and inconveniences of the method is an unconscious tribute to the great originator of the rational treatment of typhoid fever. That tubbing is inconvenient and expensive for the patient's family, when he is treated at home, and more or less distressing to the patient himself is not to be denied, and we agree with most of the arguments against the method. Nevertheless some of the disadvantages seem to be somewhat exaggerated. A great deal is made of the danger of chilling the patient while the bath is being prepared. Surely this is an objection that can readily be obviated, even if it were as serious as the author would have us believe. As a matter of fact, a patient with a high temperature, even when it is due to pneumonia, which is the complication that we are told is chiefly to be dreaded, is not so likely to catch cold as a normal individual. It is this bugbear of "catching cold" that is largely responsible for much of the opposition to the use of hydriatic measures in the treatment of disease, but it is not an argument that one expects to hear from physicians. The only really valid objections to the full bath treatment are the distress it occasions to the patient, and the inconvenience and expense. In regard to the former it is to be observed that the sufferings of the patient, in all but a very few instances in which tubbing may have to be abandoned, are largely mental and can be much alleviated by appealing to his common sense and fortitude. The danger of hæmorrhage and perforation is a graver objection; it does not, however, appear to be well founded. In the first place, while it is true that the body is rubbed during the bath, which would be unbearable without this comforting procedure, "shaking" and rough handling of any sort is especially deprecated and is perfectly avoidable. The observation that hæmorrhage and perforation commonly occur after a bath loses much of its force when it is remembered that the patient is practically always in the condition either of having just had a bath or being about to have one, so that it might be said with equal truth that these complications usually develop just before the patient is placed in the tub. But there is one important feature of the bath treatment that is entirely lacking in the ice-pack as described by Ross, and on which the latter does not lay sufficient stress. It is the mechanic stimulation brought about by vigorous rubbing, and it is quite as essential a part of the procedure as the exposure to the low temperature of the water. The icepack described in the article is practically a graduated cold wet pack, consisting of successive applications of cold ranging from 70° to 40° F., followed by the application of ice to the body; the procedure lasts two hours. This is an excellent sedative measure, as the writer claims, but it does not appear that it has any stimulating influence. The use of the wet pack in typhoid fever is not a new departure; it has been tried by others and abandoned because it was found wanting in this important particular, the stimulation of the nervous system. If the object of our treatment were to abstract heat, the ice-pack or any other continuous, mild application would fully meet the indications, but the fallacy of the antipyretic treatment is now universally acknowledged. We cannot agree with Roos's prediction that the ice-pack is destined to supersede the Brand treatment, and since, according to Brand, typhoid fever is absolutely curable if the case comes under treatment before the fifth day, his prophecy that "the mortality of typhoid fever will be cut down to about one-fourth of its present number" loses much of its force. That the ice-pack, or graduated cold wet pack, is a more convenient and less heroic measure than tubbing is undeniable; that it is as effective is, on theoretical grounds, extremely doubtful. It remains to be seen whether actual experience will demonstrate its usefulness in spite of theoretical considerations.—(*American Medicine.*)

X-Ray in Sarcoma.—At a meeting of the Harvard Medical Society of New

York City the following case was brought to notice, being reported in the *Medical News*: Dr. Morton's second case described was a young woman suffering from what proved to be sarcoma of the elbow. The first symptom noticed was a painful condition of the elbow-joint, diagnosed and treated as rheumatism. After a time considerable swelling developed and it was thought that tuberculosis was present. Excision of the joint was practised, but sections of the tissues showed that the process was sarcomatous. The arm was amputated then in the upper third. After a few months the set of pains resembling those that first occured in the left elbow were noticed in the right. A similar swelling of the joint developed. A Roentgen radiograph of the subsequently amputated arm had been taken and this was compared with the radiograph of the suffering right arm. The two showed the same abnormal characteristics, with disturbances of the light and dark areas in the bone that showed the existence of similar pathological conditions. The right arm was submitted to the X-rays and after the second treatment the pain completely disappeared. It has been treated for a month and the swelling has disappeared and now the arm can be used entirely as if nothing were the matter. The patient is able to swing it, lift weights and do everything as before. Meantime sarcoma has developed in the stump of the amputated arm. This is under treatment with the X-rays, and though the case is not definitely cured great improvement has been obtained.

Modern Small-Pox Treatment.—Dr. T. F. Campbell contributes some interesting thoughts along this line in a recent number of the *Philadelphia Medical Journal*. Excerpts from his paper follow:

The present epidemic fortunately seems to have been a mild southern type of small-pox from Cuba and the Philippines, and it is only now in the absence of present or past vaccination beginning to attain its old time northern virulence. So the comparison has been rather odious to really representative physicians, and seriously embarrasing to the others. The latter's only answer vouchsafed was usually that the "good" kind of vaccine was "no good" and "wouldn't take."

People rushing for vaccination would complain if they did not get "takes" in three days, when in proper vaccination one or two weeks is necessary, the three days' symptoms being septic. This, however, has often not been explained to them, and in fact the directions on at least some of the best vaccine have only this winter stated correctly the proper interval of incubation of vaccinia, that is one or two weeks.

Hence, antiquated methods curried favor temporarily with the unknowing; and made for retrogression, especially, where "trade" was an object. Even the best pharmaceutical houses seemed influenced by the majority's criticism of attenuation; forgetting that majorities are not always right, and that real minds are rare. Certain it is that some of the best brands of vaccine in use this winter do not seem as fully purified or as mild in effect, as last season's. Possibly also the unprecedented demand tempts the use of more, and other, than the purer portions of bovine vesicles.

For all the above reasons vaccination to be properly done should be attended to in advance of epidemics; and should not be lightly undertaken at any time, nor for the usual paltry fee, it requiring the same skill and technique as modern surgery.

Alcohol which evaporates rapidly may be used to surgically clean the arm, so difficult to do owing to hair follicles and ducts of the skin. Then asceptic vaccine applied with boiled lance used simply to abrade or scrape the skin to the "pink" and to distribute the vaccine and almost tattoo it in for some time gives most reliable and safe results. The clothing should not be replaced until the site is coated over with the glazed appearance of protective lymph; as soon as the "take" occurs, the arm should be inspected every day, and if the process is becoming vicious, by fault of the patient or otherwise, the same may be minimized or limited by poulticing off the scab with a one in thirty solution of phenol in boiled water. The lance may assist in loosening the scab and allowing this solution, or hydrogen peroxid, to permeate and irrigate the depression and clear out the pent-up and eroding pus, which causes the "pit."

The same procedure averts pitting in small-pox when the scab exceeds its protective function, and is sealing up harmful

phagedenic material. The solution of carbolic acid one in thirty sponged over the surface corrects the redness and the itching so intolerant and so constantly present.

From all the foregoing, and until we have federal supervision of, or at least uniformity in vaccine, it has come, that the physician has vaccination to defend, and an argument to make locally, in the public interest. Happily, however, there are available indisputable facts sufficiently convincing to all reasonable people.

One hundred years ago a smooth face was as rare as a pitted one is to-day, and this improvement and the mitigation of the disease is due to vaccination.

At that time it seems that the wealthy ladies with pitted faces had begun to notice with serious concern the much better complexions of their maids, and it was then discovered that milk-maids who contracted cow-pox from cows were subsequently immune to small-pox.

Hence, vaccination, (vacca, a cow) the whole elaboration of which is accredited to the immortalized Dr. Jenner in 1798.

The question had been mentioned by medical observers for some time previously; and like all additions to public welfare, it was a matter of composite and gradual evolution, culminating about the time mentioned in the records.

Since then and along with the march of antisepsis, vaccine has in the last decade been practically purified of all extraneous germs, simply by a three weeks' solution in glycerine. This clears it of harmful material without in the slightest impairing its virtues.

So by the use of purified vaccine properly applied discomforts and dangers are eliminated; and vaccination is made safe and effective even for the infant, invalid, or prospective mother, the latter so especially needing the safeguard of protection from variola.

International Sanitary Policy. — The sanitary resolutions adopted by the second international conference of American States at the City of Mexico, which were published in the Public Health Reports of February 14, 1902, were afterward slightly amended, and in that form approved by the International Sanitary Congress at Havana, February 15 to February 20, 1902. The corrected text provides:

1. That all measures relating to the subjects of international quarantine, the prevention of the introduction of contagious diseases into a country, and the establishment and control of maritime and of international land detention, or health stations, shall be wholly within the control of the national government.

2. That there shall be established in the ports of each country two kinds of detention (a) that for inspection or observation—and (b) that for disinfection

3. That prohibitive quarantine on manufactures and merchandise shall be abolished, and that merchandise proceeding from noninfected ports or places, and which passes through infected territory without being detained therein beyond the necessary time of transit, shall not be subject to detention or other sanitary measures beyond that of the inspection which may be considered necessary at its destination; and that such inspection and delay shall not exceed the time absolutely necessary therefor. Further, that this same regulation shall apply equally to international communication by railway, provided that live stock, hides, rags, and immigrants' effects shall be excepted from the above provisions.

4. That the governments represented in this conference shall co-operate toward securing and maintaining efficient modern sanitation in all their respective ports and territories, looking toward the final abolition of quarantine. That the existence of any pestilential outbreak shall be promptly notified by the health authorities to the diplomatic or consular representatives of the republics represented in the conference, and that the health officer in each port, prior to the sailing of a vessel, shall note on the vessel's bill of health the transmissible diseases which may exist in the port at that time.

5. That a general convention of representatives of the health organizations of the different American republics shall be called to meet at Washington, D. C., within one year from the adoption of these resolutions. That each republic shall be represented by one or more delegates endowed with authority to act with those of the other republics in the conclusion of sanitary rules and agreements

which will best serve all. That the voting in the convention shall be by republics, each republic having one vote. That the convention shall provide time and place for the holding of subsequent conventions, and that it shall designate a permanent executive board of not less than five members to hold office until the next meeting, which will be known as the "International Sanitary Bureau," with permanent headquarters at Washington, D. C.

6. That effective service may be rendered by the bureau, the republics shall promptly and regularly transmit to it all data relative to the sanitary condition of their respective ports and territories.

7. That the salaries and expenses of the delegates and of the members of the International Sanitary Bureau shall be paid by their respective governments, but that the office expenses of special investigations and those for translation, publication, and distribution of reports shall be defrayed from a special fund created by annual appropriations from the republics represented.—(*American Medicine.*)

Vasectomy Advocated.—In 1850 there was one criminal to each 3,442 of the population, while in 1890 there was one criminal to each 957 of the population. "The law of heredity has been recognized as a most potent force in the development of life as long as history has been written." Among the less civilized, perhaps, strenuous laws have been enacted to prevent the propagation of children by those who were mentally or physically weakened, but sentiment, at the present time, rebels against any attempt to interfere with individual liberty and enjoyment. The astounding increase in crime must, however, soon arouse the people to a sensible discussion of this problem. H. C. Sharp (N. Y. Med. Jour., Mch. 8, 1902) believes that castration will never be a popular method to render these unfortunates sterile, for the operation must not in itself be a punishment to the individual—it must not result in a deformity, neither must it interfere with his enjoyment of life. Castration, furthermore, has a very depressing effect. Severence of the vasa deferentia, however, has been found to be a most efficient means of causing sterility without in any way destroying the sexual power. The author has performed this operation in forty-two cases and is prepared to state positively that it does not impair the sexual power, but that the patient improves mentally and physically, increases in weight and his will power becomes stronger. Lately he has been following the English method of operating, which selects the scrotal region as the site of operation. The vas is clasped between the thumb and index finger, a longitudinal incision is made about three-eights of an inch in length and the vas is severed. The scrotal wound is not closed. It is strongly urged that this is a method by which a dangerous and hurtful class may be largely diminished in numbers and the race mentally and bodily improved.—(*Medical News.*)

Kaiser Against Christian Science.—Much satisfaction is expressed in Germany over the Emperor's opposition to the spread of Christian Science and similar movements, which were beginning to find support, especially in court society and among the wealthy classes. The *North German Gazette* says: "On the strength of the most authentic information his Majesty summoned President Von Windheim, of the police, and Dr. Faber, superintendent of the Lutheran Church, to tell them his opinion in regard to a nuisance which, he said, was equally disgraceful to our time and the capital of the empire. The Emperor left it beyond doubt that persons taking part in the doings of spiritualists, faith healers, Christian scientists, and similar occulists shall not be admitted at the Imperial Court." The disciples of Mrs. Eddy were not admitted to the Victoria Lyceum recently, and were told that they would never be admitted again. Herr Windheim says that when he dined with the Emperor on Thursday, his Majesty asked for suggestions for measures to check the spread of the various cults. Herr Windheim deprecated repressive measures, on the ground that they would prove merely an advertisement. The Emperor, while expressing disapproval ofsuch morbid tendencies in emphatic terms, agreed that it would be a mistake to make martyrs of the followers of the different cults, and said that other means must be found for dealing with them.—(*N. Y. Medical Journal.*)

CORRESPONDENCE.

It is always a gratifying thing to the publishers of a magazine to feel that they are able to please their readers. The following letters, taken at random, will show that there are not a few physicians who believe in the policy of the DETROIT MEDICAL JOURNAL:

Cleveland, O., Apr. 1, 1902.

DETROIT MEDICAL JOURNAL CO.,
270 Woodward Avenue, Detroit, Mich.

Gentlemen:—

Please find enclosed two dollars. One dollar is for the DETROIT MEDICAL JOURNAL for this year, the other for the JOURNAL for last year, 1901, which I would like you to send me all together.

Yours respectfully,
Dr. H. H. Pasko,
2234 St. Clair St., Cleveland.

St. Joseph, Mich., April 14, 1902.

Dear Sir:—

Enclosed you will find $1.00 for the DETROIT MEDICAL JOURNAL, which I am confident is one of the best journals published.

Yours truly,
D. N. Barrett.

Detroit, Mich., April 21, '02

Mr. Boynton,

Dear Sir:—

I will take the DETROIT MEDICAL JOURNAL for a year.

Respectfully yours,
P. G. Sanderson, M. D.

Muncie, Indiana, April 22, 1902.

DETROIT MEDICAL JOURNAL,

Sirs:—

I have read the sample copies of JOURNAL sent me with interest. I like the plan of the JOURNAL very much. I am persuaded that I should become a subscriber. You will find enclosed one dollar for subscription and you may count my subscription from this, the first number of the 2nd year.

Respectfully,
Ulysses G. Poland.

Hancock, Mich., April 24, 1902.

DETROIT MEDICAL JOURNAL CO.,
Detroit, Mich.

Gents:—

Enclosed find one dollar for one year's subscription to the MEDICAL JOURNAL. Kindly start my subscription with Vol. II, No. 1, as I intend to have same bound at the end of the year.

Thanking you in advance for the favor asked, I remain,

Yours most respectfully,
P. Scholler.

Highland Station, Mich., Apr. 21, '02.

Dear Sir:—

Enclosed find $1.00 for the JOURNAL. It is a welcome visitor.

Yours truly,
S. L. Weisbrod.

Stirling, Ont., April 28, '02.

My Dear Sir:—

I conceive the D. M. J. one of the very best among Medical Journals with which I am acquainted and from the vantage ground of thirty years in practice I humbly believe that my views are worth much consideration in all such considerations. Its merits are: Brevity of original articles and excerpts: Antagonism toward quack—so-styled "ethical pharmacal" compounds: Legitimate advertisements of legitimate Med'l and Sur'l supplies: Non-advocacy of any fads or popular delusions: the friend of an honorable Doctor and his honorable interests. We have too many Journals that are playing "good Lord, good devil" with us, that are controlled by patent medicine concerns, dishonorable to the profession.

Yours truly,
James S. Sprague, M. D.

Answer to Dr. Moore.—On April 25, the JOURNAL received a letter from Dr. J. A. Ward, of Troy, Mo., jocosely taking exception to the stand taken by Dr. G. A. Moore, of the same state, in a poem reprinted in the JOURNAL from the *Medical Herald*. He enclosed the following verses, which are reproduced to show how differently two men, in a spirit of equally good humor and from the same state, can regard a question in which every member of the profession is vitally interested. It is published herewith, and any apologies made for the poem must come from somebody other than the JOURNAL. Here it is in full:

Hold on, good old physician,
Don't dream that dream again.
What low or high condition
Could you see suffer pain?

And people writhe in fire
And suffer pangs of woe.
While you feel no desire
To quench the burning glow?

Or clothe in non-conductors
To shield them from the heat
Or other fire-obstructors
Till they might find retreat?

Use olive oil on plasters
To soothe the blistered skin—
With some carbolic acid
To check the fires within.

Give opiates and anodynes
To calm their troubled souls,
And, sticking closely to these lines,
Move all the burning coals.

What if they never paid you
And ne'er seemed to relent?
Keep love and mercy close in view,
Though never paid a cent.

The doctor has a mission here,
To quiet human pain.
So work on, doc, and never fear,
Or hanker after gain.

And when you cease to labor
And higher life begins,
The good you've done your neighbor
Will cover up your sins.

And when you reach St. Peter's gate—
The pearly gates on high—
You will not have to stop and wait
Or have to pass on by.

But Peter, in his saintly frock,
And crown of purest gold,
Will say, "Come in, my good old doc.,
And keep out of the cold."

Blackmail on Physicians.—In its editorial columns the *Philadelphia Medical Journal* recently published some comment along this line which is so good that we reproduce it herewith:

It is highly important that physicians should understand that there is a new species of blackmail coming into practice against them. This consists in bogus suits for malpractice. In New York the evil has grown to such an extent that physicians have felt impelled to organize, and to seek insurance against such villany just as they do against accident and death.

The game is being worked especially by certain disreputable members of our sister-profession, the law. The scheme is for the lawyer, or "ambulance chaser," to frequent the hospitals, to drum up some impecunious patient who thinks he or she has a grievance against some physician or surgeon, and to institute a suit for malpractice. But actual trial is the last thing that a shyster wants. Such a lawyer is almost as much afraid of a court room as a criminal is afraid of it. He is too well known in it, and too likely to come to grief before a righteous judge. What he wants is simply to scare the doctor into a "compromise," and a ridiculously small sum will often satisfy him. A suit that is based on a claim for $20,000 may sometimes be settled "out of court" for one or two hundred. The whole scheme is blackmail wearing the livery of the law courts.

The only thing for a physician to do under these rather exasperating circumstances, is to stand fight. He should under no circumstances back down and offer to pay hush money to a conspiracy of blackmailers. Let him reflect that if the suit ever comes to trial (as it never may) he can rely upon the justice of the bench. We regret to say, however, that this latter prop has proved a broken one in some few cases.

The *New York Times* recently printed a most helpful and enlightening editorial on this whole subject. It says that in England the law provides that when a person attacks the reputation of a physician in court he shall file a bond for the costs, and if the suit fails he is liable to an action for libel. This would be a good law in America; but, in the absence of it, physicians should band together, by means of their country and other societies, to protect themselves from what is growing to be an outrageous system of blackmail.

NOTES & COMMENT

The Southerner and the Negro.—There are those who have a blissful feeling that the Southerner, in the light of recent progress made by the negro, is gradually coming to a more friendly feeling toward him. It is noteworthy, however, that the believers in this idea live well north in the country. Some quite opposite ideas are held further south. Note the easy tolerance and Christian charity expressed in the views of Dr. E. G. Ferguson, of Macon, Ga., who gave utterance to the subjoined remarks at a meeting of the Macon Medical Society. He is reported as follows in the *Atlanta Journal-Record of Medicine*:

Since President Roosevelt has entertained Booker Washington, the Alabama negro school teacher, at the White House, the negro or race question has been revived throughout the country, and in this connection the characteristics of the negro may prove of much interest to many people who have never made a study of them. The black skin, as a matter of course, marks them from all other nationalities. There is the receding forehead and chin, with black kinky hair, thick lips, flat nose, large open nostrils, so much so that you can look into them as you can a cow or horse; large eyes; in the male, beardless face; a straight edge placed upon the face will not reach either the chin or nose at the same time before touching the lips. The arms are longer than in the Caucasian, and bear a close resemblance to the order of ape, chimpanzee or gorilla. The foot has no arch, but where it ought to be arched is lower than the heel and toes, so as to resemble a rocker, and in walking this imparts a motion peculiar to the race. While living in a city they will invariably seek earth to walk on in preference to pavements. The negro has protruding umbilicus or navel, closely resembling the cow, more so than any other animal, while in the Caucasian it is retracted and drawn within itself so as to not to be manifest except as an indentation on the abdomen. When a gang are at work there will always be one or more looking around as if in fear of approaching danger. If you are having your shoes shined the nigger will rub a little and look off from his work as though something might escape his observation or take him unawares. Like a flock of geese feeding in a pond, there is always one on the watch to warn the others of danger. Like the horse, cow or dog, there is no cerumen or wax in his ear. He has small calves to his legs, the gastrocnemii muscles are without development. In a race with the Caucasian he is invariably overtaken, as the power of these muscles assert themselves in the Caucasian and are deficient in the Ethiopian. Who has ever heard or known of a negro man or woman fainting at any horrible sight that white men often and women invariably do? He has no sympathy for his fellowman or for the beast he uses. To him it has no feeling or requires no care. So long as a horse answers his purpose he employs the brute, and when it is of no longer a service from neglect, misuse and starvation he turns it out to seek its living as best it can. He is monkey-like and imitates all he sees. He rarely misses anything exposed to his view without repeating it as well as his powers of imitation will permit. These are of limited character and often he makes the most laughable and egregious mistakes. Without the least compunction of conscience he betrays the most sacred trust reposed in him. He has no regard for the truth and when the truth would answer his purpose better he will lie. He is without gratitude or appreciation of anything done for him. Like the pet crow, he is a natural born thief. If chance offers, he will steal anything, no matter how worthless it may be to him. Virtue is unknown to him. He has no morals. Turpitude is his ideal of all that pertains to life. He can be educated to a certain degree but not beyond. You cannot make a cocoanut hold any more milk than is in it; then why expect to elevate him to the standard of the Caucasian, when there is no brain to cultivate? He is careless and negligent of his person and all his surroundings, quite willing to live in squalidness and want all of his life. His progeny are illy provided for at home and are allowed to roam at large, without restraint, and seek subsistence as best they can, growing up like any animal, as is well known to all famil-

iar with this portion of the brute creation. Knocks and kicks are his persuasive eloquence in giving guidance to the offspring of his household. As yet no case of genuine sunstroke has ever been recorded against him. Heat seems to have little effect on his physical structure; his favorite place to sleep is in full exposure to the sun's rays. He is fond of alcoholic stimulants, but, as a general thing, rarely goes to excess. The teeth are even, white and of a pearly lustre, which may be owing to the contrast the black back-ground affords. They rarely decay before advanced years. The quantity of food consumed is small in comparison to the white race, and he is fonder of the coarser articles than any of the more civilized dishes. If left to himself he will roam about all night and sleep all day. The exhalation from the skin is as characteristic as the kinky hair and the black skin, even although frequent baths are indulged in, which is the exception in place of the rule, without in any manner reducing the effluvium. So great is this that after leaving a room where he has been for a few minutes the odor will remain for hours.

More Power to Him.—There is such a general subversion of the ethical to the commercial by the editors of the newspapers of this country, that the action taken by Mr. Frank Munsey, who recently purchased and reorganized the *Washington Times*, is worthy of special commendation, and sets an example for good which it is much to be hoped may not be unheeded by other editors. In an announcement to the public, Mr. Munsey says: "There is another way of keeping a paper alive when it is not on sound business lines, and that is by running a lot of disreputable and shameful advertising—advertising that ought to put to shame any self-respecting publisher. I refer to a class of so-called medical advertisements that are carried by most of the newspapers of the country—even the respectable papers—but which advertisements are indecent and vile, and which the post-office department should compel publishers, regardless of their avarice, to drop." Mr. Munsey has, therefore, eliminated all advertising matter of this sort from his paper. This action has, undoubtedly, resulted in considerable financial loss, as the *Times* was formerly a conspicuous sinner in respect to the publication of advertising matter of a disreputable character, and it is much to be hoped that this loss may be more than offset by an increased circulation among the decent and cleanly-minded of the community. There is no doubt that suggestive "medical" advertisements of aphrodisiacs, specifics for venereal diseases, preventives of such diseases and of conception, "female regulators," offers of professional services to "ladies in trouble," and the rest of the class, form one of the greatest menaces to public health and morals. They directly incite to vice by promising immunity from its consequences, which they thrust before the notice of the young and innocent. As suggested above, the whole problem is one that should receive the attention of the post-office authorities, who have it in their power to prevent this insidious debauchery of the public morals. The forcing out of advertisements of this sort from the public prints is one of the first tasks to which a politically-united profession should set itself—(*Medical Record.*)

Another Fake Game.—"For $50 and study evenings for a few weeks," a circular before us says, "one can acquire an honorable and lucrative profession." The profession is that of osteopathy, and a "mail course," regardless of education and capacity, is to yield 500 per cent. on the investment. All the alluring arts of the "get-rich-quick" circular are used to inveigle the poor dupes to purchase the mail course.

"With the knowledge thus gained, a lucrative living is assured, for the demand for treatment by osteopathy is out of all proportion to the number of graduates in this new and wonderful science. Every osteopathic physician in the country is making money and has more patients than he can handle. If you are not satisfied with your present position or occupation, could you turn to any more promising way of making a lucrative, honorable and independent living? You need not be a slave to any man a moment longer. If you desire to rise above your present condition, you can do so. We hold the key. We have given it to others and can give it to you. A

small outlay and a little honest study evenings for a few weeks will enable you to be your own master. There is no better paying profession on the face of the globe to-day than oesteopathy. Four patients a month will yield you $100 per month, and these patients can be treated in your own home in a few minutes in the evenings—thus enabling you to continue your present occupation until you have worked up a large practice and people demand your services throughout the hours of the day."

And yet this "school" is "incorporated under the laws, etc.," and the obtaining of money under false pretenses is a crime!—(Ed. Comment in *American Medicine.*)

Notes on Chinese Decapitation.—Dr. Oliver D. Norton, who was surgeon of the good old U. S. S. Monadnock, makes the following commentary on scenes attending a Chinese execution:

The prisoners were all placed in a kneeling position in a double row, and rather close to one another. The arms were tied behind, the queues were twisted into a knot on the head, with a tag on each queue and on the shirt. The men showed no signs of being under the influence of opium.

The sword used was about twenty-seven inches long, four inches wide and was a heavy, two-handed, chopping affair. Two executioners did the work cleanly and rapidly, and in all but three cases the heads fell at a single stroke; in two of the three exceptions the necks were only held by a small skin attachment; in the third case the blow seemed to strike about the sixth cervical vertebra and cut about two-thirds through.

Among the interesting features of the execution I noticed:

1. In many of the cases a decided effort to swallow was shown by the expression of the mouth, and the movement and downward bulging of the throat were repeated two or three times.

2. In several cases there was a pronounced attempt to articulate, judging from the labial expressions and movements. This movement was not convulsive, but most deliberate and expressive; the men were not in the act of speaking when the blow fell.

3. On close examination of the faces at the instant when the head fell, several showed a look of surprise and intelligence; this was, of course, but for a second; a natural movement of the eyes as if looking, and an opening and closing of the lids occured.

4. There were no convulsive movements in any of the bodies or legs. The bodies fell forward, often covering the head.

5. Close examination of the facial expression impressed me with the idea that it was the face of a person in syncope; the eyes, the eye-lids, lips, color, and general expression were those of a person who was about going into a deep faint.

6. The hæmorrhage from the trunk was tremendous; the carotids, during their three to six pulsations, each with diminishing force and volume, threw a stream of blood variously estimated in some cases from two to three feet. There was no spurting from the head.

I was strongly impressed with the idea that death was not instantaneous, but that it came almost immediately after the stroke and in syncope.—(*Texas Medical News.*)

A Question of Economy.—In a certain North Dakota town there are two physicians, one elderly, with a long record of cures; the other young, with his record still to make. The older doctor was inclined to surrender some of his night work to the younger man. An exchange cites an instance in which this "turning over" was attempted.

One winter's night Dr. B. was roused by two farmers from a hamlet ten miles away, the wife of one of whom was seriously ill. He told them to go to the other doctor, but they refused, saying that they preferred his services.

"Very well," replied Dr. B., thinking to put a convincing argument before them, "in that case my fee is $10, the money to be paid now."

The men remonstrated, but the doctor was obdurate and shut down the window. He waited, however, to hear what they would say.

"Well, what shall we do now?" asked the farmer whose wife was ill.

The reply must have been as gratifying

as it was amusing to the listening doctor. It was:

"I think you had better give it. The funeral will cost you more."—(*New York Mail and Express.*)

Osteopaths, Answer.—As is well known, the osteopaths find most human diseases arise from malposition, or partial and complete dislocation of the bones, with consequent disease-producing relations of the bones and soft structures. In a person apparently osteologically perfect, great defects are found, producing most marvelous morbid results, curable, of course, by the mystic art known only to the "D.O," of reinstating the proper relations of the hard and soft parts of the body. But how about rachitics, dwarfs, humpbacks, etc., who seem at least to enjoy life? Should they not all, according to the theory, have the most awful, intense and complicated diseases with the most intense sufferings known? By thorough investigation could not these diseases be found in the chronically deformed? By osteopathic treatment should not these afflicted ones be made the most happy of mortals? Nay, should they not thereby be made of normal shape and size? Why are these their brethren so sadly neglected? The clay awaits the potter's hand. The D.O.'s should have orthopedic hospitals in every city. But hospitals are not in the osteopathic line.—(Editorial Comment, in *American Medicine.*)

Myelocene in Middle-Ear Deafness.—In the *Philadelphia Medical Journal* there is a brief review of an article previously published in the *British Medical Journal.* Portions of it follow: In the treatment of deafness of middle-ear origin, Watson has used a preparation of bone marrow. His theory is that the bone marrow produces an internal secretion which is of importance to the economy and which acts as a powerful prophylactic against the injurious action of various bacteria. The substance in question he has named Myelocene. It is prepared from perfectly fresh bones from which the marrow is extracted with ether. The ethereal solution is then evaporated down and the fat is rubbed up with 1% of chloretone for preservative purposes. The resulting substance then appears as a whitish or faintly yellow fat with an odor, partly of ether and partly of chlorotone. The melting point of this fat varies widely. The author employs this substance as follows: He instills about ½ dram of equal parts of warm alcohol and glycerine into the ear and applies the same quantity of the same mixture to the skin around the ear. This is followed by an installation of 10 drops of myelocene into the ear and the application of 10 drops to the skin around the ear. This treatment is repeated every night for six nights. Out of 20 cases treated, 4 were of a mixed type, one was of post-suppurative origin and the other 15 were purely dry middle-ear disease. Of the 15 cases in the latter class, 11 were improved, 2 showed marked improvement in one ear only and 2 were uninfluenced by the treatment. Of the mixed cases, 3 showed improvement and one did not. The post-suppurative case improved.

God Bless Her!—A nurse, like is born, not made. The greatest care should be exercised, without fear or favor, in accepting candidates for this important course. Simple good health, willing hands and fair education are not enough to insure the turning out of a good nurse. There is, in the first place, an undefinable something, which may call sympathetic something, which we may call sympathetic disposition, which can, under circumperson, and the absence of which cannot be compensated for by the most thorough instruction in the duties of a nurse. Where we find this quality combined with thorough training we find an ideal nurse. We do not mean a weak, sentimental sympathy, than which nothing can be more detrimental to good work on the part of a nurse, but a quality which expresses itself, not in words, but in the manner of performing even the least office for the patient—a certain something which enables its possessor to do everything for the patient as if from the promptings of good-will and sympathy, and not from measured, mercenary motives. The sick are generally hypersensitive, and are very ready to feel a perfunctory performance of duty.—(*The Hahnemannian Monthly.*)

Out of the Past.—Good old John Wesley's medical knowledge was as varied and curious as is much of the lore of his time. The *Alkaloidal Clinic* has compiled the following remedies recommended by Wesley:

For St. Anthony's fire: "Put a gallon of water (cold) on a quart of Norway tar, stir them together with a flat stick for five minutes. After it has stood for three days pour the water off clear, bottle and cork. Dose: One wineglassful every hour."

For baldness: "Rub the head night and morning with a raw onion until red, then apply honey."

For chapped hands: "Wash the hands with flour of mustard."

For lung disease: "Take no food but new buttermilk churned in a bottle, and white bread. On each morning cut up a little turf of fresh earth, and lying down breathe into the hole for a quarter of an hour."

For a dry cough: "Chew a small piece of Peruvian bark, as often as the coughing spell comes on. Swallow the piece as long as it tastes bitter."

For weak eyes: "Drop in two or three drops of the juice of a rotten apple."

For hoarseness: "Rub the soles of the feet before the fire with garlic and lard, well beaten together."

For colic: Hold a live puppy constantly on the breast. Or take, ounce by ounce, a pound or a pound and a half of quicksilver."

For a stitch in the side: "Apply treacle on toast (hot)."

Puerperal Sepsis.—Dr. H. N. Vineburg, in the *Medical News,* sums up the question of puerperal sepsis as follows: The points upon which I desire to lay especial stress are as follows:

1. Every case of puerperal sepsis is wound fever or wound infection and should be treated on the same general surgical principles applying to wound infection elsewhere.

2. Each case of puerperal sepsis, no matter how slight, should be carefully observed and watched from the outset, for we can never tell whether such a case may not develop into a serious infection which will be a menace to life.

3. When a case of uterine sepsis progresses unfavorably after curetting, irrigation and proper general treatment, as evidenced by the pulse, the temperature and the condition of the uterus, we are justified in opening the abdomen and removing the uterus, unless, after opening the abdomen, we find some condition outside of the uterus to account for the persistence of the sepsis, or if we find some condition in the uterus itself, as a single intramural abscess or a localized gangrene, which would admit of removal without ablation of the whole organ, as in cases reported by Hirst and myself.

4. When uterine infection extends to a tube or ovary, setting up a violent grade of salpingitis or ovarian abscess, the abdomen should be opened without delay and the affected tube or ovary removed.

5. When a uterine infection sets up a septic peritonitis the abdomen should be opened and the uterus ablated, the peritoneal cavity flushed with saline solution, and free drainage employed through the vaginal opening.

6. To operate for these conditions when the patient is evidently moribund is unjustifiable and can serve only to bring discredit upon the profession and upon the operation."

Feeding per Rectum.—In this month's *Canadian Journal of Medicine and Surgery* the following suggestions on rectal feeding are given: After operations upon the stomach and intestinal tract, it is often hazardous to feed the patient by the mouth for some time, and rectal feeding becomes indispensable. In cases of incoercible vomiting rectal feeding will conserve the patient's strength, until the stomach resumes its functions. It is generally recommended that the rectum should be emptied by a cleansing injection, before administering the nutritive enema. The patient is placed in a recumbent position lying on the side. The enema should be given at regular intervals through a rubber catheter, of large size, which should be introduced rather high up into the rectum. The amount of the enema should not exceed four or five ounces. The human organism requires for its sustenance albuminoids, fats, hydrocarbons and water, and we should endeavor when practicing rectal feeding to give these substances in quantities ap-

proaching as near as possible to the average quantities of waste matters eliminated by the emunctories of the body. Several albuminoid substances, such as milk, white of egg, and meat-juice, are directly absorbed from the rectum. Milk and yolk of egg also supply fat. The hydrocarbons may be given in the form of glucose, which is absorbed without change. It should be given cautiously in the enema (not over 20 per cent.) owing to the danger of causing diarrhœa. The following formula for rectal feeding is proposed by Dr. Cesar Thomas, whose article appears in *Le Bulletin Medical de Quebec*:

Milk	150 grams
Eggs	2.

Make an emulsion and add—

Glucose	30 grams
Salt	1.50 grams
Laudanum	1 to 3 drops

for one injection. Four such injections to be given each day. As the organism loses a good deal of water, it will also be necessary to give a few injections of water containing some wine. Dr. Thomas says that these daily rectal enemas represent about 76 grams of albuminoids, 65 grams of fat, and 200 grams of hydrocarbons. The patient remains in bed and takes no food by the mouth, although to relieve thirst a small quantity of water may be allowed.

Dr. Hare and the Bluecoat.—Dr. Hobart Amory Hare, a distinguished professor of materia medica and therapeutics at Jefferson College, Philadelphia, is patiently awaiting the disciplining of a policeman who wanted to climb into his automobile, and, failing in that, arrested the doctor, bundled him into a patrol wagon and later into a cell in the Moyamensing Avenue Station, where he was obliged to sit for several hours on a bench usually given over to "drunks" and tramps. The bluecoat arrested Dr. Hare near Broad and Dickinson streets for driving an automobile on Broad street faster than the law allows, a charge which the physician strenuously denied. The policeman, it is alleged, was not amenable to reason. Dr. Hare's attitude was, "Come, let us reason together," but the bluecoat swung his club and threatened. While being taken to the patrol box Dr. Hare ventured to make himself known, also the fact that he was a professor at Jefferson College, and would miss a lecture for which he was scheduled. But the bluecoat, instead of relenting, spoke and acted like a man whose integrity had been tampered with. He declared that men of science were not immune where city ordinances were concerned, and that he would not hesitate to "pinch" the entire faculty of Jefferson College is necessary.—(*Exchange.*)

Better Things in Havana.—The Health Officer of Havana, Major W. C. Gorgas, Surgeon U. S. Army, has recently given much attention to the prevention of the spread of tuberculosis in that city. A sanitary census taken of the city shows the existence of 1,187 cases of tuberculosis, and these have been urged to apply to dispensaries as out-patients for relief, sleep with bedroom windows open, avoid confining occupations, and take proper precautions relative to the disposal of the sputa. Special attention has been given to the cigar manufactories in this respect, particularly since tubercle bacilli were found in cigars which had been made by a consumptive. To this end, cigar workers are required to moisten the tips of cigars, in finishing them, with sponges, instead of with the lips, as was formerly done, and work benches are placed so as to face the same way instead of toward each other. The public reader, a peculiar institution common to all Cuban cigar factories, who is hired to read newspapers, novels, etc., to the hands while at work, will in the future be required to devote a portion of his time to reading matter relating to elementary hygiene and the prevention of disease. The work is essentially educational and persuasive rather than coercive, and is meeting with hearty support from the Cubans.—(*Medical Record.*)

Causes of Abortion.—The three prime factors are, excessive sexual intercourse, displacements, and sypnilis. The illegal practice and instrumental enforcement of the doctrines of Malthus are apparently ignored, yet these in some—not a few,—communities exceed all others.—PARVIN.

Masturbation.—Apply a small fly-blister on the penis. The victim will let it alone until it gets well. Then apply another, and so on till the habit is broken. —(*Medical World.*)

BOOK REVIEWS

The Diagnosis of Surgical Diseases. By Dr. E. Albert, late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized Translation from the Eighth Enlarged and Revised Edition by Robert T. Frank, A. M., M. D. With Fifty-three Illustrations. Size 5½ by 9 inches. Cloth, $5.00. Pages 407. D. Appleton & Co., Publishers, New York, April, 1902.

There are doubtless many practitioners who will welcome this translation of Dr. Albert's book. When it is considered that the number of works on surgical subjects are comparatively few, the value of a book of this kind is enhanced, especially when it is put before the profession in so attractive a form. Wide margins, large and clear type and careful editing are all present in this translation, making it doubly valuable to the student and the practitioner as well. Like many other German and Austrian authors, Albert is recognized as a careful worker, one who was sure of his ground before he made a diagnosis; and this system of thoughtful consideration gives weight and authority to what he has to say to his fellow practitioners.

The primary object of the book is to present to the reader some of the problems of diagnosis that confront the surgeon at the bedside of his patient. And with a view to making their solution more easy, the diseases treated of are grouped together according to the similarity of their symptoms instead of being arranged in theoretical divisions. It is the important symptoms of diseases with which the book chiefly deals. For example, in speaking of concussion of the brain the author says: "The characteristic symptoms of concussion of the brain are evidently a transient condition of depression. If irritative symptoms arise, or the depression grows more profound, the condition is no longer one of uncomplicated concussion. Some other brain lesion then exists. One point requires emphasis. Loss of consciousness, no matter how transitory, must have been present if the condition is to be regarded as concussion. This, therefore, is the most distinctive sign, while slowing of the pulse is the objective symptom."

Our author gives utterance to numerous warnings against being led into too hasty a diagnosis, while he points out that in many cases of surgical diseases it is necessary to at times wait for the development of certain symptoms before a diagnosis can be satisfactorily made by the examining surgeon.

The illustrations are numerous and show the salient features of the most important symptoms of the difficulties taken under consideration in the work. These, with the clearly written and clearly printed text, combine to give a comprehensibility to the book that should make it of great value. Dr. Frank has proved to be that somewhat rare being, a good translator. The original matter has been transmitted to us in readable shape and there has been a combination of effort to turn out a book that shall supply a need of the profession. This object appears to have been accomplished.

Sexual Debility in Man. By F. R. Sturgis, M. D., Formerly Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York; Sometime Visiting Surgeon to the Venereal Division of the City (Charity) Hospital, Blackwell's Island; Member of the American Association of Genito-Urinary Surgeons, etc. Size, 8¼ by 5¼ inches. Pp. 432. Cloth, $3.00. E. B. Treat & Co., Publishers, 241-243 W. 23rd St., New York City.

Our author presents to his readers the results of his own experience as a practitioner, which has led him to conclusions somewhat different from those held by other writers along the same lines. In his chapter on masturbation he has set forth as his opinion that indulgence in the habit does not necessarily lead to physical and mental degeneration, although he states that grave dangers may result from the habit. He is also of the opinion that there are cases in which the castration of lunatics is not only justifiable, but proper, and he regards the belief that patients afflicted with spermatorrhœa are doomed to impotence and sexual uselessness as "ridiculous."

These views stamp the book as out of the ordinary, but the author bases them almost entirely on the observations he has made in a practice and experience that covers a great deal of ground, so that his word should be entitled to at least serious consideration. He has made a most careful compilation of numerous authorities and periodicals, which should prove of great value to the practitioner who wishes to investigate the subject of sexual debility for himself. And the subject matter as Dr. Sturgis has treated it, offers a clear and concise statement of matters sexual. There are, it is true, many works along this line, and it is somewhat difficult to find a great deal that is new on the subject. The chief interest of such books must be in the disproving or bettering of theories and tenets advanced by other practitioners; and in this respect the author has gone far. He believes, for example, that the lack of sexual power noticeable in old men is in general the result of excesses in youth or some other predisposing cause rather than the natural effect of advancing years. He cites the case of one old man of seventy-five who was enabled to perform the sexual act every two weeks, and this "not from any sense of pride, but because the desire seized him."

A chapter of some length is devoted to sterility. The author takes a rather gloomy view of the possibilities of relieving this condition, saying that "in the large proportion of patients my experience has been that very little can be done, differing in this respect from the results which we are enabled sometimes to get in cases of impotency." The whole book is original and interesting. The subject matter is freshly treated and it is profitable reading.

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and their Treatment by Electricity. Third edition. By G. Betton Massey, M. D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; late Electro-Therapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association, of the Société Française d'Électro-Therapie, of the American Medical Association, etc. Illustrated with Twelve Full-Page Original Chromo-lithographic Plates in Twelve Colors; Numerous Full-Page Original Half-Tone Plates of Photographs taken from Nature, and many other Engravings in the Text. Royal Octavo. 400 pages. Extra Cloth, Beveled Edges, $3.50 net. The F. A. Davis Co., Publishers, 1914-1916 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Bldg., 218-220 S. Clark St., Chicago, Ill.

To the school of practitioners who prefer the very conservative methods of medicinal and electro-therapeutical applications in the diseases of women instead of the more direct and immediate methods of surgical interference, this book will prove a welcome one. The medical profession at present seems to

be pretty thoroughly divided on the subject of conservatism in treatment and for those who advocate surgical operations for the relief of women's troubles, this book may not prove very profitable. The other wing of the profession, not inconsiderable in numbers, will find in it much reinforcement of what they have been taught to believe is the correct treatment in such cases.

Dr. Massey speaks strongly in favor of massage with the hand, saying that he regards it as the "only efficient method of using the agency in the class of cases under consideration, rejecting all machinery, muscle-beaters, etc., as either but poor substitutes for the hand of the *masseur* or as presenting an entirely different therapeutic measure." Apostoli's influence is seen in some of the work, particularly as regards surgical interference and in favor of electrical application, and the author heartily endorses the words of the well known physician.

The illustrations are of unusual interest, being done in colors from nature to a large extent, and the book is well published in general. Appendices to the work consist of a tabulation of eighty-six cases of fibromata, with details of treatment and results, and one of thirty-four consecutive cases of catarrhal disease of the uterus under electric treatment. In all of the latter improvement is noted and the majority of them resulted in cures, followed by pregnancies.

The Sexual Instinct. Its Uses and Dangers as Affecting Heredity and Morals By James Foster Scott, B. A. (Yale), M. D., C. M., (Edinburg), late Obstetrician to Columbia Hospital for Women, and Lying-in Asylum, Washington, D. C.; Late Vice-President of the Medical Association, District of Columbia, etc., etc. pp. 463. Cloth, $2.00. E. B. Treat & Co., Publishers, 241-243 W. 23rd St., New York City.

Prefatorily Dr. Scott announces that he intends to use plain talking and this intention is borne out in the text, but it is entirely without offense, owing to the serious manner in which a serious subject is approached. The subject is undoubtedly a repulsive one, but if the information contained in this book could be more widely made a matter of knowledge, the time would presently come when it would lose most of its repulsive features. The author's intention is to provide a book which shall point out to the unthinking individual a number of facts, stripped of all glamor, which shall have the effect of making him pause to think of the consequences of a life against the laws of Nature. There is no moralizing in the book; the facts are stated and the individual is left to judge for himself the course it is best for him to pursue.

The book, aided by the calm and dispassionate setting forth of the results of observation, makes a strong plea to the manhood of men to give women more protection than is the common rule. Woman's position in society and the fact that the consequences of illicit love fall more heavily on her and on her child than on the really responsible tempter and father are set forth in such a way as to enlist the sympathies of the reader more strongly than ever with the wrongs suffered by women as the result of man's bestiality.

The causes that lead women to a life of shame and the physical and mental degredation of the inmates of brothels are treated at length. Dr. Scott sets his face firmly against the attempted regulation of prostitution in cities, believing that it is a false and inhuman scheme, designed more for the protection of libertines than for a safeguarding of the best interests of society. "Harlotry is admitted the worst use to which a woman can be put," he says, "as hanging is for a

man; and the country which goes into such a perfidious business offers a Paradise to knaves, but a Hell to women and children."

The book in general is quite unique in its subject matter and treatment and it may be read with profit not only by the profession but by the laity as well. There are some terrible lessons in it for the profligate and the woman of loose morals. It fills a vacancy that has hitherto existed in medical works. The publishers have done their part to make the book useful.

The International Medical Annual: A Year-Book of Treatment and Practitioner's Index. Twentieth Year. Pp. 663. Cloth, $3.00. E. B. Treat & Co., Publishers, 241-243 W. 23rd St., New York City.

For nearly a quarter of a century this book has been known to the profession as a work that contained in concise and convenient form the latest and most approved methods of treating maladies, both those of interest to the general practitioner and his specialist brother. In this day of much medical writing and thought, set down in the numerous excellent medical publications, it is possible for every physician in the country to keep abreast of contemporaneous ideas. The Annual brings it before him in one book, carefully edited and compiled, so that he has the matter at his fingers' ends.

A review of the progress of therapeutics in 1901, written by William Murrell, M. D., F. R. C. P., opens this number. As usual, the new remedies and their applications are set down with references to the publications in which mention of them are made. The "Dictionary of Medicine and Surgery" takes up considerable space, being the largest division of the book, and the practitioner will here find much that, although new, still has been carefully tried by men well known in the profession. The new applications of electricity are set down and many of the recently discovered medicaments find a place here as well.

The question of sanitary science is treated at shorter length in the back of the book, but many new and interesting facts are set forth. To the busy man who wants his medical information in a convenient form where he can put his hand on it when it is necessary the Medical Annual is of unquestioned value. The whole book is well and clearly illustrated with designs showing the more recent instruments and devices in use for the treatment of pathological conditions. The book is handsomely bound and otherwise well published.

Compend of General Pathology. By Alfred Edward Thayer, M D., Assistant Instructor in Gross Pathology, Cornell Medical College; Pathologist to the City Hospital; Formerly Fellow in Pathology, Johns Hopkins University, etc., etc., Containing 78 Illustrations, Several of which are in Colors. Pages, 314. Size, 5 x 7. Price, 80c. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa., 1902.

This is No. 15 of the Blakiston series of Quiz Compends and the subject matter is arranged with reference to convenience in studying pathology as a general subject. The 314 pages contain the essentials of the subject and the chief points are well illustrated with cuts. The subject of malformations receives considerable attention, as does that of inflammation and repair. The author has couched his subject in simple and direct language and has avoided the use of too technical terms, possibly out of sympathy for the beginner and the student, who are expected to make the chief use of the book. Chapter XI, on Methods, takes up the matter of a postmortem examination at some length, giving also some excellent sug-

gestions of the subject of preserving specimens. The published tables of culture media, natural and artificial, staining mixtures and so on are a valuable adjunct to the book. The last chapter in the book is devoted to tables and statistics of weights and measures, some of which are of value to the beginner and the practitioner alike.

A Treatise on Pharmacy for Students and Pharmacists. By Charles Caspari, Jr., Ph. G., Professor of the Theory and Practice of Pharmacy in the Maryland College of Pharmacy. Second Edition, Revised and Enlarged. Illustrated with 310 Wood-Cuts and a Portrait Plate. Pages, 747. Size, 6½ x 9½. Price, $4.50. Lea Bros. & Co., Publishers, Philadelphia and New York.

The second edition of Caspari's book shows improvement over the first, particularly in the matter of bringing the text down to date and in the addition of some new chapters, notably on Prescriptions and one on the Assay of Alkaloidal Drugs. The latter is of especial interest to students. The work being intended for a text-book, to a large extent, the contents are arranged with a view to facilitating study so as to give a reader the opportunity for intelligent use of the pharmacopœial texts.

Students will find the book exhaustive in its treatment of the general subject of pharmacy, though the language is refreshingly terse and to the point. The book is divided into three parts, taking up General Pharmacy, Practical Pharmacy and Pharmaceutical Chemistry. The practical side of the profesion is witnessed by the frequent appearance of valuable hints on the best and shortest methods of filling prescriptions, with some sage advice on the best ways to follow in the practice of compounding. The illustrations serve the purpose of showing the various apparatus used in pharmaceutical work and are well published. The publishers have furnished an attractive dress and admirable presswork. The book is a good one.

For Book-Disinfection.—That virile and interesting publication, the *Ladies' Home Journal,* makes the following suggestions for disinfecting books:

If you have an atomizer half fill it with a forty per cent. solution of formaldehyde. Stand the books upright on the end wide open with the leaves separated as much as possible, and spray thoroughly with formaldehyde. If the binding is very delicate and likely to be injured by the moisture procure a tight tin box large enough to hold the book and a saucer filled with formaldehyde. Stand the book upright as described and close the box, leaving it for an hour at least. It is said that one cubic centimetre of formaldehyde to three hundred cubic centimetres of space will thoroughly disinfect any book in fifteen minutes.

Travel Like Princes.—Those who saw the special train in which H. R. H. Prince Henry of Prussia made his tour of the United States are comparing it with other trains in regular service, and it is admitted that none of the cars in the train compares favorably with the buffet, compartment and standard sleeping cars of the Pioneer Limited trains of the Chicago, Milwaukee & St. Paul Railway in daily service between Chicago, St. Paul and Minneapolis. The people of this country have the satisfaction of knowing that at any time they cannot only travel like Princes, but can get much better service.

Muscular Soreness.—Cimicifuga is a practical specific, not alone for soreness, but in muscular aching or pain from whatever cause. If fever is present, its effects are much more certain when combined with aconite.—(*Montreal Medical Journal.*)

Vomiting.—Many cases of vomiting occurring in various diseases can be relieved by applying ice to the back of the head and neck. The theory is that nausea has its seat in the head and not in the stomach.—(*Dietetic and Hygienic Gazette.*)

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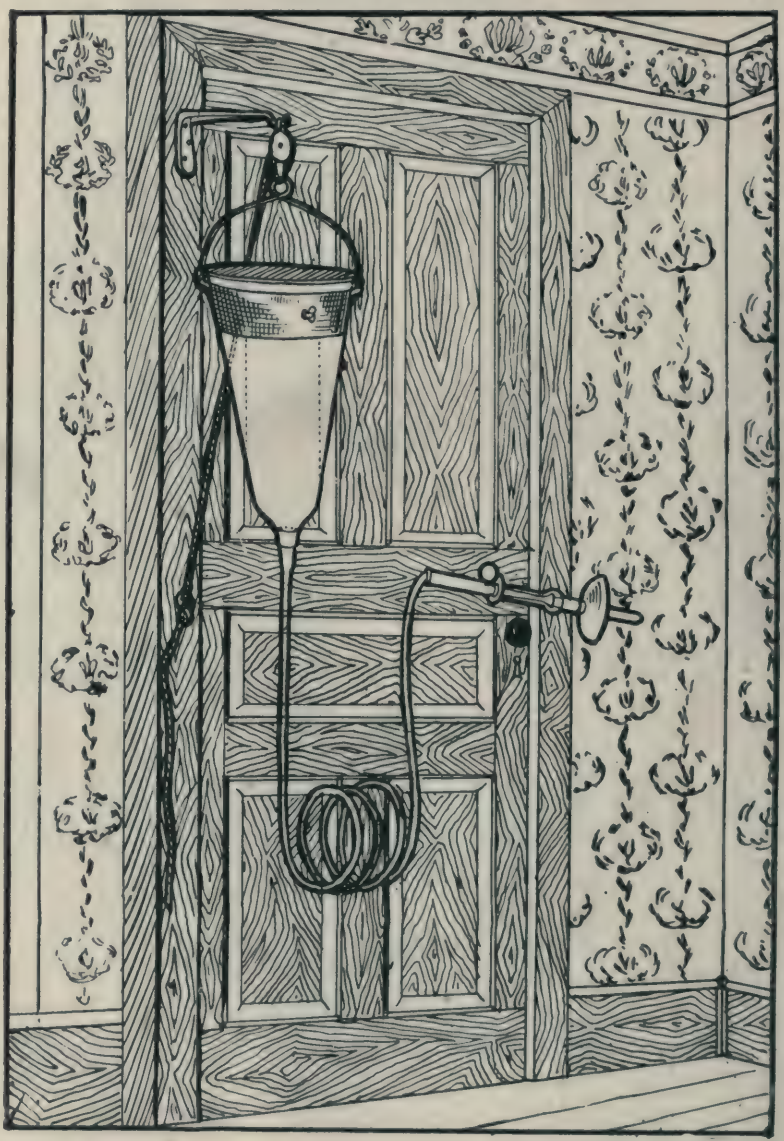

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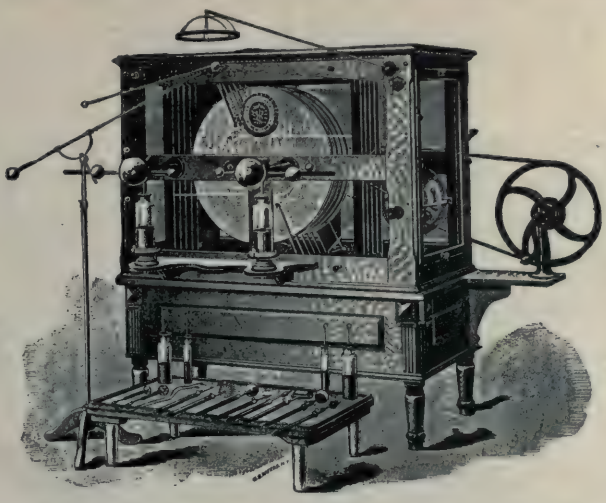

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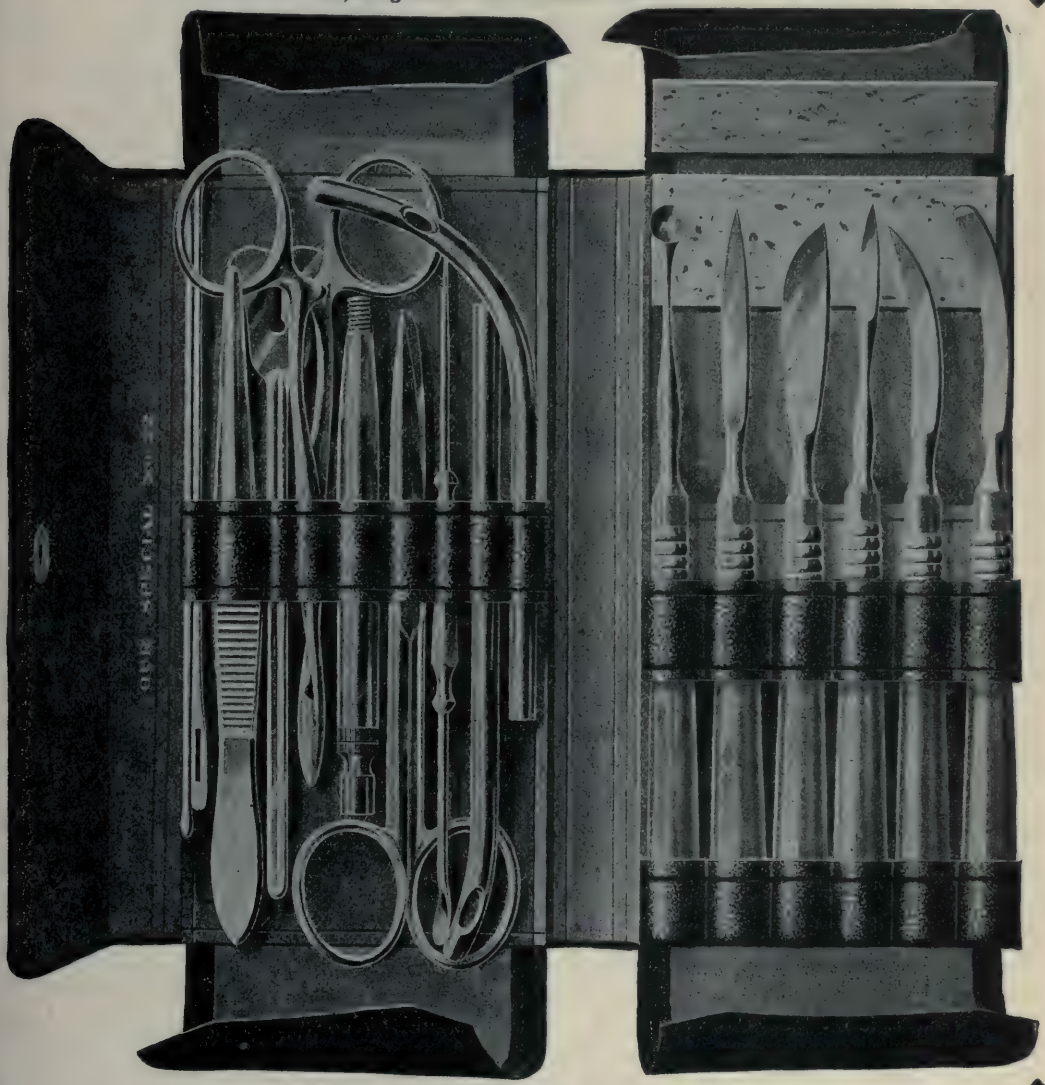

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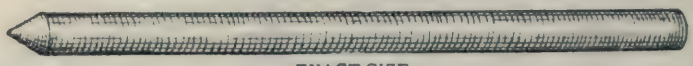

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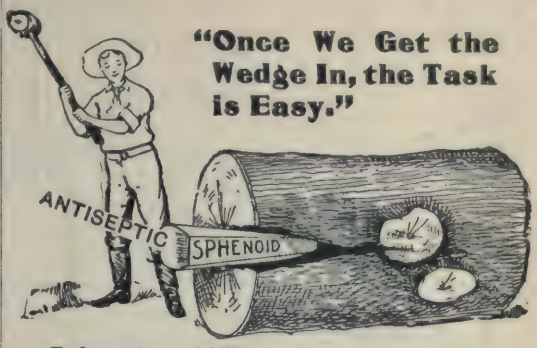

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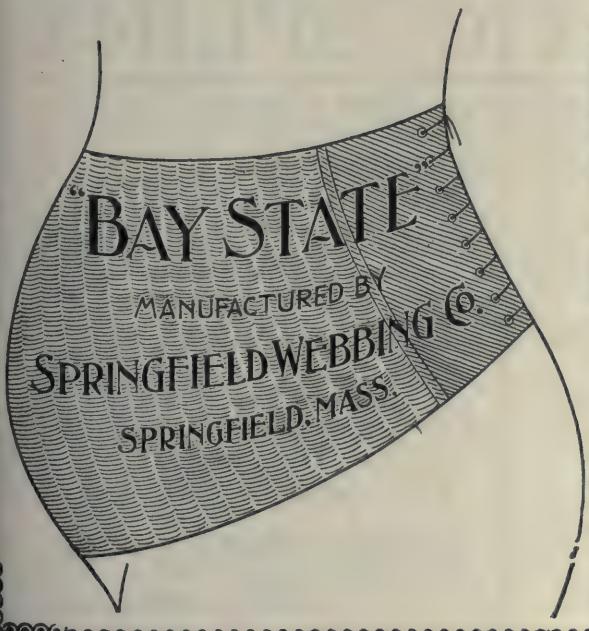

This Supporter is especially adapted for Obesity, Pregnancy, Weakness of the Back and Bowels, Tumors, etc., and after Surgical Operations. It is very light and porous, being made of the finest Egyptian cotton in its natural color. It conforms to the shape, exerting a gentle, even pressure everywhere without producing perspiration. It can be readily cleansed in luke-warm water, using pure castile soap.

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8-inch Supporter	$2 50
11-inch "	3 00
Ex. heavy quality (India Rubber) 50c ex.	

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This Truss is of about the same materials as the Abdominal Supporter, but with a chamois covered navel button and makes an excellent Umbilical Supporter in hernial troubles for infants, youths and adults.

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"The Splint outfit sent by express Feb. 27th, '02, addressed to Mrs. J. P. Grigsby for an intra-capsular fracture of the neck of the femur came to hand O. K. and I immediately applied it. The instrument is a **great success** and I think we will get a good result without shortening."

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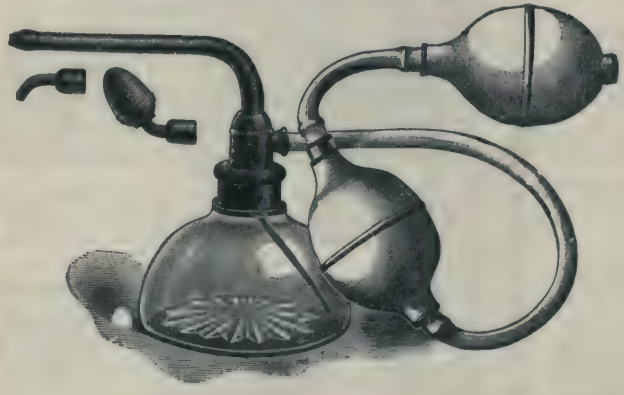

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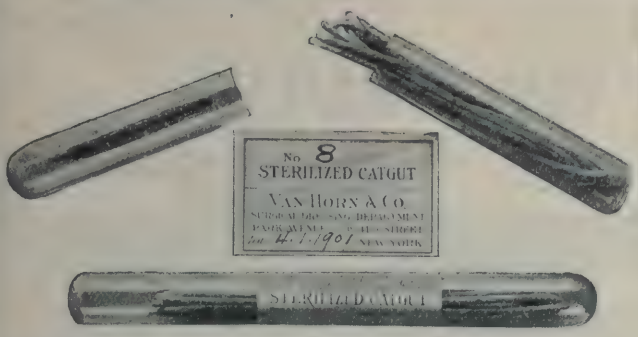

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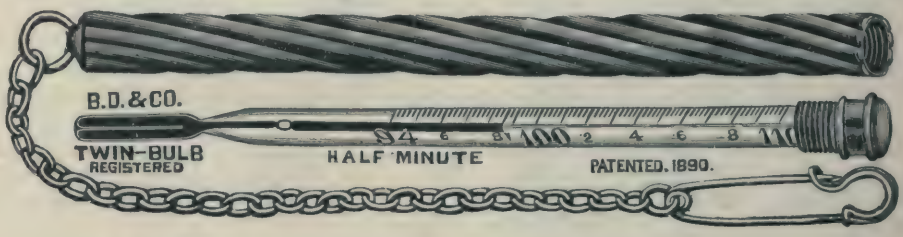

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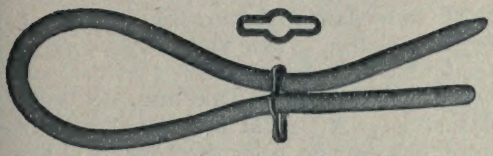

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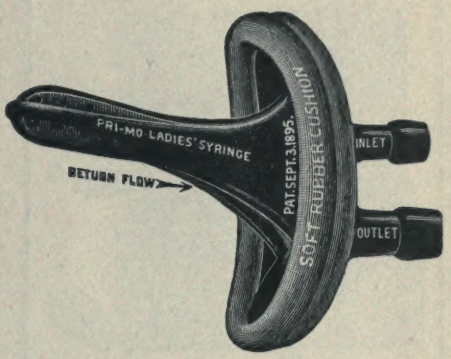

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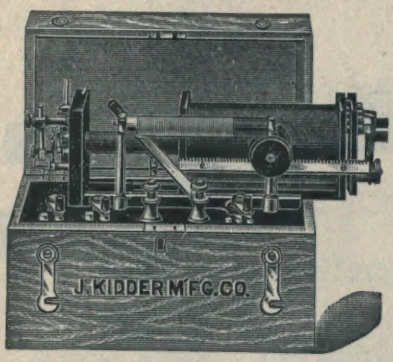

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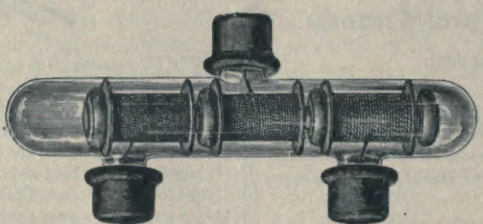

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